

DOCUMENT RESUME

ED 240 777

EC 161 840

TITLE Iowa School Psychologist's Association: Intervention 1981.
INSTITUTION Iowa School Psychologists Association.
PUB DATE [83]
NOTE 119p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS *Behavior Problems; Contingency Management;
*Counseling Techniques; *Disabilities; Elementary
Secondary Education; *Gifted; Intervention; School
Psychologists; Student Evaluation

ABSTRACT

Twelve papers by Iowa school psychologists reflect the profession's focus on assessment and intervention. The following titles and authors are presented: "What to Do When the Whole Swim Team Is Referred" (S. DeKrey); "An Alternative Technique for Reducing a Self-Injurious Behavior in a Profoundly Retarded Male Child" (G. Robinson); "Severe Mysophobia--A Behavioral and Counseling Intervention" (J. McMeekin); "A Program Change: Mental Disabilities to Talented and Gifted" (V. Foubert); "Promoting Self-Correction of Work/Study Deficits in a Fifth Grade Learning Disabled Boy" (R. LaMura); "Reducing the Fear of Reading Orally in Class in an Elementary School Boy" (J. Polifka); "The Use of Deep Relaxation and Imagery in the Treatment of School Phobia" (R. Vogt); "Bed Wetting--Two Different Intervention Strategies" (K. R. Shahriari); "A Measure of Group Counseling Effectiveness" (D. Bohline); "Contingent Group Withdrawal on Tantrum Behavior: A Case Study" (A. Hodapp); "The Case of Wiggley Wendy" (D. Lohry); and "Behavioral Programming in the Schools: A Longitudinal Self-Study" (J. Heider). (CL)

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**Iowa School
Psychologist's
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Intervention 1981**

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Foreword

The profession of School Psychology within the state of Iowa is assessment-based and intervention-centered. The profession is assessment-based in that school psychologists are competent in norm-referenced, criterion-referenced, observational, and behavior-analytical assessment. The profession is intervention-centered in that psychologists working in the schools have for some time been shifting emphasis away from assessment of towards intervention with the learning and behavior problems of children and adolescents. This change in emphasis has been good for both school psychologists and their clients. School psychologists can contribute a unique set of data-based intervention techniques valuable when planning remedial programs for a variety of people and problems.

As can be seen by turning to the Table of Contents of this volume, school psychologists have the skills to successfully intervene in a multitude of situations. Even now new ground is being broken in the area of applying psychology to sports, as evidenced in Steve DeKrey's article contained herein. The Iowa School Psychologists Association is to be reinforced for sponsoring this project and thus providing Iowa school psychologists a platform to "show their stuff." Individuals to be credited are Larry Gile, ISPA Past President, Jim Stumme, ISPA President, Dave Kieffer, ISPA President Elect, and Jeff Grimes, DPI School Psychology Consultant. Appreciation is also extended to Mrs. Lavonne Hagen for her patient question asking and superb typing skills. Finally, appreciation is extended to the on-line school psychologists working in the state of Iowa who have so much to be proud of.

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What To Do When The Whole Swim Team Is Referred

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Abstract:

Following a request from the high school swim coach, a sports psychology program was offered by the school psychologist. The outcome of this experimental program justifies the application of psychology to school athletics and suggests potential directions for broadening the services of school psychologists.

March, 1981

Introduction

A high school swim coach, inspired by magazine articles and workshops applauding the application of psychology to sports, approached the present school psychologist for assistance. Although this was an unusual request, the potential for personal growth and role expansion was immediately evident. Following a brief period of research and reflection, a decision was reached to offer an organized program for athlete development utilizing psychological techniques. This paper provides some of the references available in structuring this type of intervention and selecting viable techniques. The purpose of this article is to support potential expansion of the school psychologist's role to include sports interventions in supportive environments.

Review

Sports psychology can be defined as the science of psychology applied to athletes and the athletic situation (Singer, 1978). This specialty in psychology is well developed in Europe, but is considered a relatively new and exciting field in the United States. The first sports psychologist in the United States was Coleman Robert Griffith, a native of Iowa, who directed the Athletic Research Laboratory at the University of Illinois (Kroll and Lewis, 1970). Griffith began his investigations in 1918 and continued until 1932 as an active teacher and writer in sports psychology. A large time gap exists between Griffith's work and that of contemporary writers. Following an exclusive period of theoretical research, the focus seems to be changing to applied studies (Alderman, 1980).

Available contributions to the field of sports psychology range from applied case studies (Titley, 1976), to validity investigations of personality tests designed for athletes (Martens and Gill, 1976). The nature of written material on sports psychology varies from popular literature such as The Inner Athlete (Nideffer, 1976), to articles published in the Journal of Sports Psychology. This Journal, initiated in 1979, is devoted exclusively to research studies in sports psychology. Many ideas and role definitions are expressed. The American Psychological Association does not yet recognize sport psychology as a sub specialty in psychology which further contributes to the confusion over role and training (Harrison and Feltz, 1979). The developing mode of training for sports psychologists is through physical education programs which specialize in sports psychology and concentrate in research. Many practicing sports psychologists have been trained in other areas of psychology and apply their strategies to athletes. A variety of potential roles have been discussed by Singer (1978). He suggests involvement in research, assisting athletes, involvement in the psychological preparation of teams, establishing community athletic programs for children, preparing sports recreational programs in correctional institutions, implementing athletic programs for the handicapped, or consultation within industrial settings. A viable role omitted by Singer is the application of psychology in the public school system to both physical education and competitive athletic programs.

Martens (1976) discusses the benefits of applying psychological principles to children's athletics, yet the typical coach lacks the necessary background to take advantage of these benefits. It is doubtful,

in these times of budgetary cut backs, that specially trained sports psychologists will be available to public school children. School psychologists may be in an ideal position to offer psychological assistance to interested public school athletic programs. With additional training and controlled enthusiasm, a school psychologist could apply his/her knowledge of motivation, stress management, learning theory, self-mediation, psychometrics, group and individual counseling, applied research, humanism and ethics to athletic environments. Through collaboration with an enlightened coach and/or athletic director, a program could be offered to assist with the important task of joining the proper mental preparation of public school children with physical training in athletics. The goal of such an effort might be to enhance the physical-emotional functioning of each participant. Due to an extreme potential for a positive impact on many students, such a venture is not difficult to justify. The present article illustrates an attempt to apply psychological knowledge to enhance the functioning of a high school swim team.

Method

At the beginning of the season, the boys swim team had 42 team members. The team included swimmers from grades 9-12. The skill levels ranged from beginning 9th graders to a defending state champion. A letter was sent to each parent to advise them of the school psychologists involvement and to explain the intended exercises. Preliminary feedback was very positive and home support was evident.

A program was designed to experience a new concept each week. The activities were introduced on Monday and the team members were instructed

to practice the exercises for the remainder of the week. Each concept depended on the previously learned material to allow a progression which facilitated increased competence and sophistication in emotional control. Entry level assessment was incorporated into the program through the utilization of the SERP - Sports Emotional Reaction Profile (Tutko and Tosi, 1976). A pre-season ranking of all team members was secured from the head coach to determine relative standings in regards to his version of an athletic ideal. It should be noted that this coach appreciates the qualities of cooperation, humility, confidence and competence which suggests his ratings to be consistent with the intervention goals. The weekly sequence is presented to illustrate the progression.

Week #1

Introduction to the goals of the program followed by the administration of the Sports Emotional Reaction Profile.

Week #2

A version of systematic progressive relaxation was utilized to assist anxiety control and to prepare for future exercises. Each session lasted 15 minutes and utilized alternate muscle tensing and relaxation techniques.

Week #3

Breathing training was introduced following the previous systematic relaxation method. The added benefits were aimed at training immediate anxiety control which decreased the need for extensive relaxation.

Week #4

A concentration exercise was introduced following the shortened relaxation sequence to increase the athlete's ability to monitor his selective attention. An object pertinent to each athlete's event was requested to enhance the meaning of relaxed, yet focused, concentration. Individual key words were selected to condition the response and bring it under stimulus control.

Week #5

A second attempt at concentration training was offered with a common stimulus provided (picture of starting block). The swimmers were instructed in concentration (similar to self-hypnosis) to assist control over mental interference.

Week #6

The cognitive methods of mental rehearsal were introduced. As a group, the swimmers were encouraged to generate thoughts about successful movements and previous achievement. The goal was to build confidence and develop optimal arousal control. A physical assessment inventory was later completed by each athlete.

Weeks #7 and #8

Individual 10 minute conferences were held to target emotional areas to develop, and physical limits to improve. The results of the SERP and the physical assessment inventory were interpreted and psychological goals were formulated.

Weeks #9 and #10

Two rosters of 5 - 8 swimmers per group were organized, based on levels of athletic competence and the psychological goals. The athletic competence groups were formed from training lanes composed of similar speed athletes. These athletes had developed strong comradery. The goal groups focused on specific areas and included a range of swimming skill. The SERP generated goal areas as follows: Desire, Assertiveness, Tension Control, Confidence-Personal Accountability, and Self-Discipline. Each group focused on the specific area for a 20 minute period. Some athletes wished individual counseling in the goal area which was accommodated by a 10 minute session. Due to membership in two separate groups, each swimmer participated in two small group sessions.

Week #11

An overall rating scale and feedback inventory was completed by each swimmer during a large group session. It was emphasized that open and honest feedback was desired, and the confidential results would determine the direction of future programs.

Week #12

A second SERP was administered during the final session. An overview hand-out was distributed to summarize the activities and to offer ideas to prepare for the upcoming championship meets. After the season was completed, a new set of independent rankings were secured from the head coach to compare to pre-season rankings.

Results

The ratings obtained from the feedback inventory are presented in Table #1. All swimmers who attended the session on the 11th week completed the feedback inventory. Of the 37 present that day, the team members who had missed some of the sessions were requested to omit rating that intervention. The results in Table 1 are presented according to percentage of total ratings among the Likert Scale categories. Figure 1 illustrates graphically the average ratings for each intervention.

Table 1
Total Team Rating Percentages for Each Intervention

	Very Helpful 5 points	Somewhat Helpful 4 points	No Big Deal 3 points	Waste of Time 2 points	What a Joke 1 point
A. Relaxation Exercises	33%	50%	17%	-	-
B. Breathing Exercises	44%	47%	9%	-	-
C. Concentration Exercises	30%	47%	23%	-	-
D. Mental Rehearsal (2 weeks)	14%	46%	36%	2%	2%
E. Small group (skill)	14%	72%	14%	-	-
F. Small group (goals)	26%	65%	6%	-	3%
G. Inventory Interpretation	32%	56%	12%	-	-

Figure 1
Average Ratings for Interventions from Team Totals

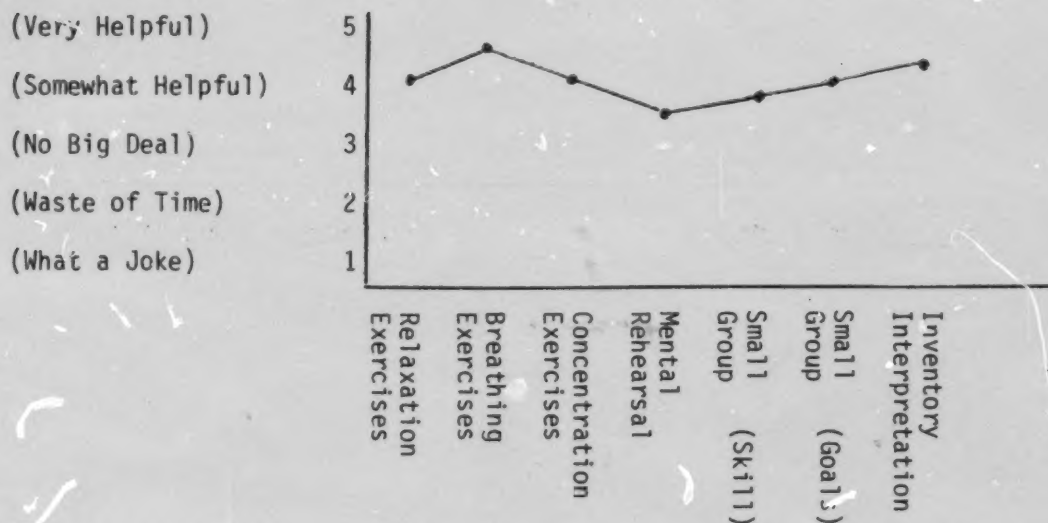


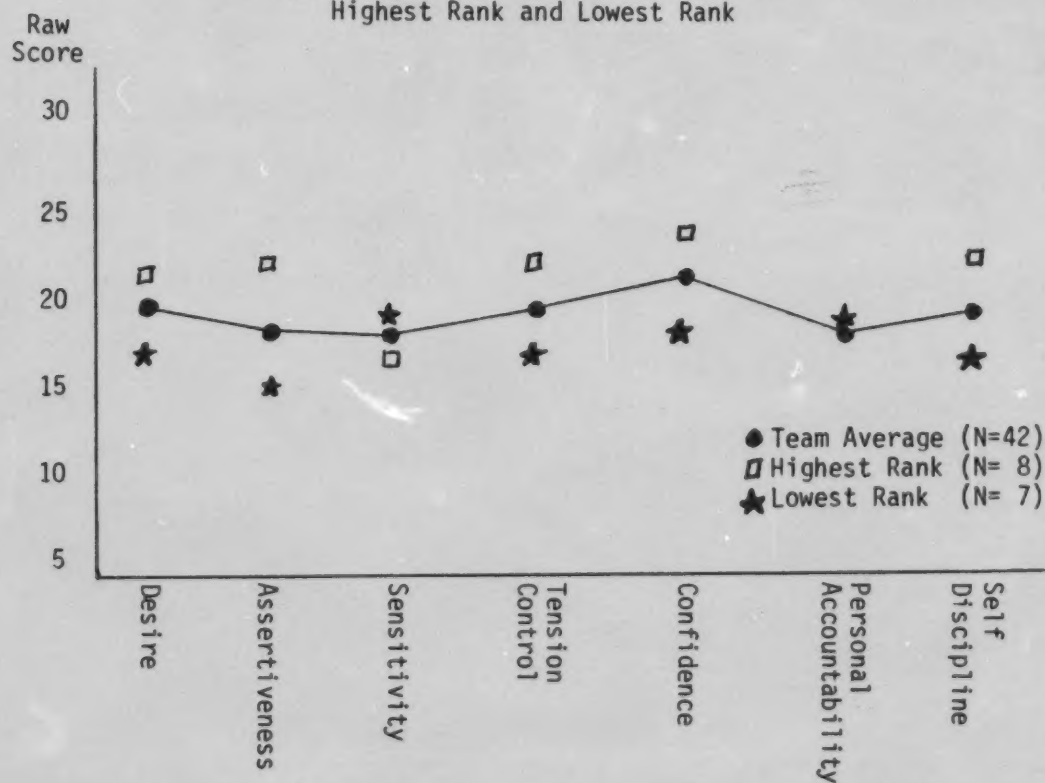
Table 2 reveals the ratings of the head coach which were completed after viewing the swimmers' ratings. The information derived from the pre- and post-season SERP administrations should be helpful in determining the validity of this instrument for sports measurement. Several scales demonstrated high correlations with the coach's initial rankings and thus could be useful in predicting athletic success. The average scores for the total team are provided in Figure 2 in addition to the profiles for the coach's highest ranked and lowest ranked athletes.

Table 2

The Head Coach's Ratings For Each Intervention

<u>Intervention</u>	<u>Rating</u>
A. Relaxation Exercises	Very helpful
B. Breathing Exercises	Very helpful
C. Concentration Exercises	Somewhat helpful
D. Mental Rehearsal	No big deal (need more time)
E. Small Group (skill)	Somewhat helpful
F. Small Group (goal)	Somewhat helpful
G. Inventory Interpretation	No basis to judge

Figure 2

Average Pre-Season SERP Scores For Total Team
Highest Rank and Lowest Rank

Discussion

According to ratings from team members and the head coach, certain psychological interventions appear helpful for athletic development. The arousal control exercises are especially appreciated, yet relative concerns were expressed about the cognitive procedures. The goal group was preferred somewhat over the skill group which may be due to the specificity of the discussion content. Overall, both groups were considered helpful. The individual interpretations of the inventories were viewed positively and hold continued promise. The use of psychological inventories to assist in the identification of athletic needs and predicted performance is supported by this program. Further data analysis will be helpful in validating the SERP for this purpose.

The interested school psychologist is in an ideal position to offer assistance to athletic programs. Initial experiences will no doubt involve substantial amounts of personal time but the results hold promising benefits. Working with receptive athletes and coaches was found personally invigorating and positively reinforcing for a self-proclaimed advocate for the deviant. A secondary benefit is a realized change in perception of students and staff in contact with the school psychologist. It appears that a professional association with normal students lessens the threat for the troubled adolescents in need of psychological assistance. The personal growth derived from exposure to adolescent normality is also useful in adjusting internal standards and expectancies.

Summary

The results obtained from the present sports psychology intervention were indeed valuable. A brief reference section is provided to assist interested school psychologists in their attempts at reviewing related literature. My personal beginnings were assisted by the anonymous swim coach, Dr. Eugene Gauron, the celebrated University of Iowa Sports Psychologist, who responded to my request for references and Dr. Diane Gill, University of Iowa coordinator of the sports psychology program. My current plans are to expand in a limited way by offering a different sports psychology program to the girls high school track team.

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An Alternative Technique For
Reducing A Self-Injurious Behavior
In A Profoundly Retarded Male Child

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Abstract:

A seven year old male child who exhibited a high frequency of self-injurious behavior responded quickly to an alternative behavior strategy: water misting.

March 1981

Introduction

I do not think it is necessary to explain to those school psychologists, who have the pleasure, or to some the misfortune of working with a severely or profoundly retarded population, the frustration of "drawing water from the behavioral intervention pool" and finding that, when the bucket gets to the top of the well, it is empty. Unlike most situations that school psychologists find themselves in, those who serve programs for the severely and profoundly retarded have little trouble in knocking down the preconceived barriers of school personnel who see school psychologists as the "test givers." Instead of hearing the question, "Can you test him so I can see at what level he is working?" which is quite prevalent in regular educational situations, teachers of the severely and profoundly retarded usually say very simply, "I have a pretty good idea where he is at, but I can't do much with him because of his behaviors."

So, what is the problem, you ask? At last a chance to do some behavioral consultation and not just "testing," and he is complaining! The "problem" lies within the label of the very population we are discussing: severely and profoundly retarded. One does not need to spend a great deal of time discussing the complexities of this population with school psychologists to see the variety of difficulties encountered by those who work with them. As a result, it is easy to see why most school psychologists called in to consult on behavioral problems involving severe/profound students usually wind up engaging in the very same inappropriate behavior (e.g., hair-pulling, mouthing, encopresis, etc.) themselves that they are trying to assist the classroom teacher in

alleviating in their students.

This is why, when a small advancement is made by a student of this population and the advancement is a result of a program implemented by the classroom teacher under the guidance of the local psychologist, the program should be presented to colleagues immediately for two reasons. First, someone else might be having a similar problem, and second, if you wait too long, the student might figure out a way to counteract your fine work!

Seriously speaking, in talking with other colleagues from around the region who work with this population, it is clear to see that the majority of their time in these programs is spent in dealing with problematic behaviors. Examples of these problems could range from simple behavioral outbursts to self-stimulatory mannerisms. Most of these behavioral problems can be counted on to have an adverse effect on the individual student's instructional program.

It is, however, the intent of this case study to discuss an intervention strategy dealing with behaviors which are, in the opinion of the researcher, far more difficult and both physically and psychologically devastating than those previously mentioned. These are the behaviors which can be termed "self-injurious" to the individuals who engage in them.

The procedural format for this study was modeled with some variations from an article published in 1980 in the Journal of Applied Behavior Analysis, by Michael F. Dorsey, Brian A. Iwata, Pamela Ong, and Terry E. McSween. Initially, through a fine review of the present literature, the authors bring to light the various behavioral strategies

employed in dealing with self-injurious behaviors. Though the strategies range from simple techniques, such as differential reinforcement of other behaviors (DRO) to more drastic measures, such as electric shock, the authors attempt to point out what techniques appear to have the best success with these behaviors and the ethical problems these types of treatment cause. It is their belief that, although the contributions of those who are looking for treatments that are both socially acceptable and effective, consideration must be given to treatments, such as punishment-oriented techniques which they have found through existing literature to be most effective in dealing with self-injurious behaviors. They further introduce a method of intervention that might satisfy both ends of the continuum, social acceptance and punishment related intervention. Their techniques involve the application of a fine mist of water to the student's face in an attempt to reduce self-injurious behavior.

Method

Tim is a seven year old, male child who has been diagnosed as having a profound developmental delay with relatively normal muscle tone. Tim has no intelligible speech and is nonambulatory. When not in his wheelchair, Tim moves about the room on the floor by rotating his trunk from sitting, to all fours, and back to sitting with his legs not being used to bear weight. Tim was referred to the researcher at the start of the school year. Tim's teacher was having difficulty in carrying out any part of his program, due to Tim's excessive biting of both his hands. As a result of this behavior, Tim's hands were quite swollen and red, with some tissue damage around both index fingers. To alleviate this

problem, Tim's arms were placed in arm wraps constructed out of blue denim material. Though this allowed his hands to heal, the classroom teacher was unable to do any of Tim's programs with him.

In reviewing the cumulative folder, it was noted that, prior to Tim's placement in the public school setting, he had been a resident at a state residential facility. While there, programs to deal with his self-injurious behavior were devised, although the outcomes of these programs were unsuccessful. In an effort to update this information, an initial program was set up for Tim in his present classroom, utilizing the techniques of overcorrection and DRO. This program, consistent with the one attempted in the state residential facility, was unsuccessful.

In viewing the behavioral spectrum, as illustrated by Mark Shepp (1980), the alternatives for dealing with Tim's behavior were narrowing down. We had found him unresponsive to verbal, edible, or touching forms of reinforcement. He did not respond appropriately to aversive tasting liquids (e.g., Listerine, lemon juice, etc.) or to various types of sensory stimulation (e.g., hot, cold, sharp, rough, etc.). Where to go?

It was at this time the researcher came across the misting article by Dorsey, Iwata, Ong, and McSween. Taking a "caution to the wind" attitude, a program was devised. Since a reduction in Tim's placing his hands in his mouth was the goal of the program, the term "mouthing" was defined as occurring anytime Tim placed any part of either hand in contact with his mouth when it was open.

Observation was conducted by two trainers who had received instruction through modeling and in vivo practice. One of the trainers was to be engaged in the instructional task being presented to Tim. The other

trainer was responsible for the misting of Tim when the behavior occurred.

Initially, the training sessions were 15 minutes in length. All sessions were conducted at Tim's desk. After interobserver agreement of an acceptable level was met, rigid data collection procedures were implemented. Data was taken by a third trainer who recorded the occurrences of the specified behavior during continuous five-second intervals. If the behavior occurred during any portion of the interval, that interval was scored positively. A cassette tape with previously recorded prompts was utilized to indicate the start of each interval. The percentage of intervals in which the behavior occurred was obtained by taking the positively scored intervals and dividing them by the total number of intervals and multiplying by 100.

Prior to the implementation of the water misting, baseline data was taken over a period of four sessions. During these sessions, no contingencies were in effect, as the behavior was allowed to occur while being recorded appropriately.

The instrument used to administer the water mist was a standard plant sprayer. The sprayer was preset so that the greatest misting effect would be present. The sprayer was filled with tap water that had been allowed to sit until it had adjusted to the room temperature.

The procedures used by the trainers in the actual work sessions with Tim were as follows: Although use of a combination approach utilizing a verbal "No" and DRO (e.g., social praise, such as "Good boy, Tim!") was unsuccessful when used with overcorrection with Tim previously, it was the consensus of all involved that these two techniques would remain in the misting program. As a result, every time Tim engaged in the inappro-

priate behavior, the trainer assigned to mist Tim took his hand(s) out of his mouth while simultaneously saying "No." As the trainer was doing this, she then positioned the sprayer approximately 10-12 inches from his face and misted him. The trainer then let go of his hand(s) and the other trainer continued on with the next task.

This procedure was followed for a total of 33 sessions at which time a school vacation occurred. In terms of the experimental design, following the initial baseline period, the verbal "No" was used in combination with the misting and DRO. Following this treatment, phase misting was discontinued, leaving the use of verbal "No" and DRO in effect. Finally, misting was then reintroduced in the final phase of the treatment procedure, thus a psuedo ABAB design.

Results

Figure 1 illustrates the data representing Tim's percentage of intervals in which mouthing occurred. During the baseline phase, the percentage of mouthing ranged from 96% to 98% (i.e., 170 + times out of a possible 180 intervals). Since the baseline data was so consistently high in frequency, it was the opinion of the researcher to forge ahead and implement the intervention strategy.

Over the next 20 sessions, an "amazing" decline in the percentage of mouthing behavior began to take place. Noting that a leveling off in declining behaviors was occurring during sessions 13 through 16, a decision was made to increase the misting to two times for each occurrence of inappropriate behavior. This resulted in the reduction of the mouthing behavior to 9%. At this time, misting was discontinued for the

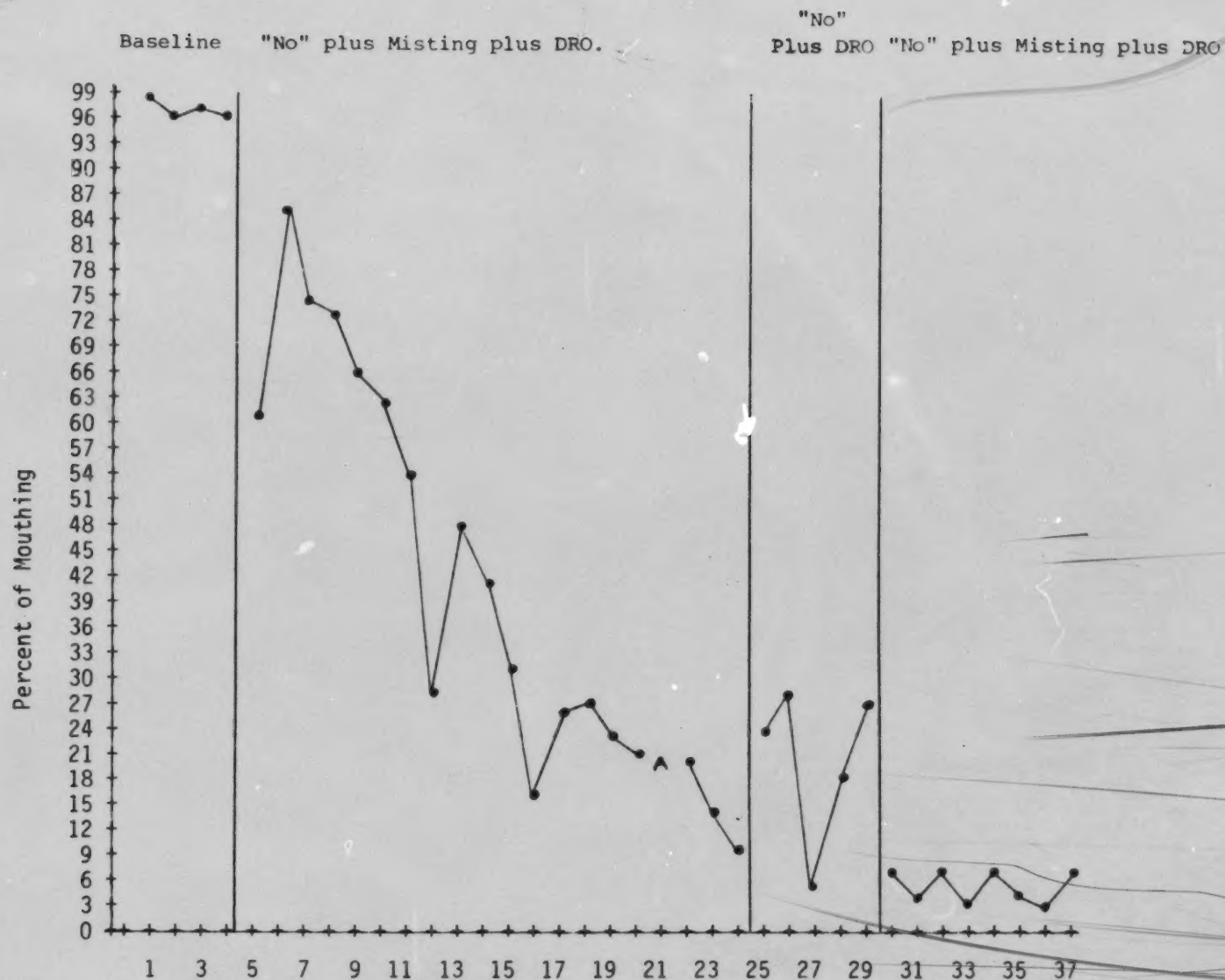


Figure 1. Results of Misting program prior to vacation break.

next five sessions. During the next phase, the techniques of the verbal "No," in conjunction with DRO, were the only strategies used with Tim. His reaction to this strategy was represented by an increase in the percentage of mouthing behavior to 26%. A return to the initial treatment phase found the misting reducing the inappropriate behavior to as little as 2%. It was at this time, unfortunately, that the school vacation break occurred, which lasted for a period of two weeks.

Upon Tim's return to school, a decision was made to change his program. In an effort to further reduce the amount of misting being done to Tim, a fading technique was implemented. Following five sessions of the misting phase, used prior to the vacation break, the percentage of mouthing behavior ranged from 3% to 6%. At this time, a fading procedure was implemented whereby Tim would be misted for every other occurrence of the behavior. When not being misted, occurrences of the inappropriate behavior were handled using the verbal "No." DRO was still being utilized across all treatments.

Figure 2 represents the data collected from this phase of the program. With the exception of the sixth and seventh sessions, which followed a three day weekend, the percentage of behaviors never rose higher than 12%. After the twelfth session, the misting was discontinued, leaving the verbal "No" and DRO to control the behavior. Five sessions of this treatment saw the percentages rise to a high of 34%. Repeating the fading procedure utilizing the misting resulted in the inappropriate behavior being reduced to as low as 1% in just five sessions.

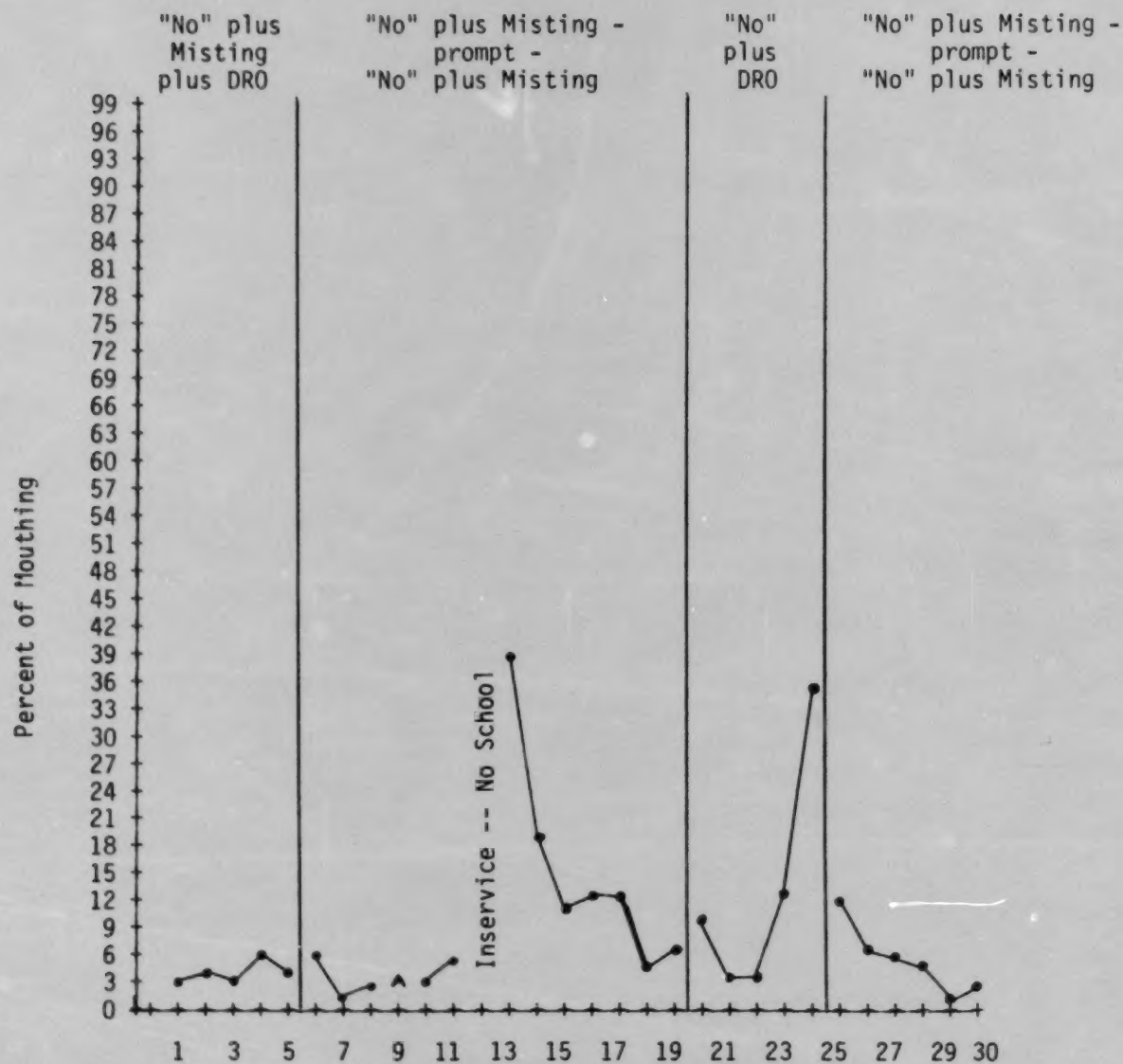


Figure 2. Results of Misting program after vacation break.

Discussion

Based on the data collected, it is obvious that the water misting procedure was responsible for a relatively quick and substantial reduction in Tim's mouthing behavior. As was the case with previous programs implemented with Tim, the effects of the verbal "No" and DRO were minimal. Due to this, the chance of generalizing the misting program and the possibility of eventually fading the misting procedure out completely are seriously reduced. As long as a reinforcer cannot be found for Tim to motivate him to behave appropriately, our only hope is to continue the maintenance of the reduced mouthing behavior. This could be done through extending the total time the misting procedure was implemented. Just prior to the writing of the case study, Tim had his time extended under the misting procedure to a total time of 45 minutes. Over the first four days, Tim averaged only 16 mouthing behaviors in the 45 minute periods.

The problem with this, as the reader has most likely thought of, is that everyone who comes in contact with Tim cannot have a spray bottle strapped to their side to catch him when he engages in the behavior. This is where the importance of the reinforcer is paramount.

It was quite interesting to note how Tim adjusted to the misting program. Although it was not really aversive in nature, Tim's surprise or "annoyance" did have an effect on his behavior. Towards the middle sessions, Tim would sit quietly with his hands folded on his desk, listening to the trainer. Other times, when his hands were together, he would rub them but never raise them. It was also interesting to observe how often Tim would "watch" the spray bottle, as if he were thinking, "I know what that is for!"

Conclusion

Very quickly we have illustrated a technique that can be used to help teachers who work in a relentless fashion with low incidence students who complicate their own handicaps with inappropriate and, at times, self-injurious behaviors. Though the technique worked effectively in reducing the target behavior, it also brought to light the importance of finding reinforcers, looking at methods of generalization of appropriate behaviors, while maintaining the reduced levels of previous ones.

Though a difficult task lies ahead for school psychologists who work with this population, if we can continue to "peck away" at these problems and continue to keep finding something in the "buckets from our wells," we will always have a place in the eyes of the classroom teachers who want to do everything they can for students who are severely or profoundly retarded.

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Severe Mysophobia - A Behavioral

And Counseling Intervention

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Abstract:

Systematic desensitization, and individual and family counseling were effective interventions in helping a severely mysophobic junior high school boy.

February, 1981

Introduction

Phobias and obsessive-compulsive disorders are "curious" psychopathological entities -- the salient classical stuff of which full-fledged neurotic reactions are made. With them one moves up the scale from the normal through the mildly disordered personality, to more pronounced emotional dysfunction. They can be rather dramatic in their symptoms and, depending upon the specific type of phobia and excessive-compulsive reaction, can be quite problematic even catastrophic in their effect on the client's life. Any school psychologist working with these disorders should be knowledgeable of their psychological meaning, discrete etiologies, and preferred modes of psychological intervention. Optimal intervention results are obtained by triangulating the information from these areas of concern and relating them to the client's problems and circumstances.

Apparently, it is not all too common to treat phobic/obsessive-compulsive disorders in the school setting since a number of colleagues have not. Only a certain fraction of them present actual school related problems (the most obvious being school phobia) which partially accounts for this. However, phobias are the most common of all neurotic reactions (Kisker, 1964). A brief recapitulation of some pivotal information on phobias/obsessive-compulsive reactions is presented as a backdrop to the treatment of a mysophobic client.

Phobias have two rather distinct etiologies. One type is more properly called a conditioned fear reaction (Millon, 1969). The acquisition of such a "phobia" follows a rather routine straight-forward scenerio. Dog bites boy; it hurts and is very frightening. Subsequently, the boy

could acquire a conditioned fear reaction and experience fear and dread when he sees another dog or even thinks "dog." Conditioned fear reactions are present in so-called normal personalities whereas the true phobic reaction is more often considered a manifestation of the pathological personality within the psychodynamic paradigm.

In the psychodynamic model, phobias arise as a result of unmanageable anxiety. The phobic reaction represents an intrapsychic transformation that enables the individual to control anxiety by transferring it onto a more concrete or tangible object, situation, or function. Since the source of anxiety is externalized with the phobia, it can be avoided or at least better managed. The primary intrapsychic processes involved in the phobic reaction are displacement and condensation. The individual with high anxiety seeks relief from constant or frequent emotional discomfort. Through displacement (s)he ascribes the cause of internal anxiety to an external source. Sometimes the choice of phobia is rather logical as in the fear of sharp objects, and sometimes the fear is much more obscure (and some would say symbolic) as in the fear of church steeples. The defense mechanism of condensation allows multiple anxiety sources to be condensed into one phobia. The phobia is generally a good "trade-off" psychically as far as more efficient anxiety management is concerned, but a poor one in terms of dealing realistically with the source of stress and anxiety.

It can be important to differentiate between the conditioned fear reaction and phobia analogues (Leitenberg, 1976) which are severe fear reactions to commonly feared objects, such as spiders, snakes, exams, etc., and neurotic phobic reactions. This is important not to make a

decision between learning theory vs. psychodynamic theory but to increase emphasis on the need to appreciate the individual's typical coping strategies and tactics in life. Certain personalities, defined by habitual coping strategies, are quite vulnerable to phobic and obsessive-compulsive reactions. These include individuals with substantial ambivalence or excessive dependency (Millon, 1969). Treatment of a phobia as only a conditioned fear reaction without considering the overall adjustment of the client could prove an error of judgment and result in incomplete or ineffective intervention. Consideration of multiple treatment approaches appears to be warranted with a neurotic phobia since they frequently recur (Nemiah, 1975).

Mysophobia is the fear of dirt, contamination, disease, and germs (pathophobia is more accurately the fear of disease and suffering but mysophobia is the term often used to cover all these areas). It is a very poor choice for a phobia since there are so many opportunities to encounter potential sources of contamination in the environment. If one lacks imagination, a night of TV viewing with all the ads for toilet sprays, body sprays and soaps, and other disinfectants to keep the microscopic world from conquering is sufficient to give the aspiring mysophobic a few ideas. In the school setting, there are the bathrooms, the locker rooms, science labs, and the lunch room with all the messy kids to stimulate the mysophobe's ideas of contamination.

Phobias and obsessive-compulsive disorders are closely related. Mysophobes typically obsess about the many sources of contamination and often engage in compulsive handwashing and bathing. Another potential problem with mysophobia is the secondary development of an eating phobia

resulting from the idea of food contamination. If this occurs and becomes severe all the health-related concerns of anorexia can be encountered.

Method

Brian was referred for psychological assessment because he was engaging in compulsive handwashing. The referral stated he kept his hands in his pockets to avoid contact with dirt. His handwashing compulsion was described as rather severe. "He doesn't just use a little soap -- he will use a lot and will wash his hands over and over."

Brian was a nice looking boy, average height, with a slim build. He appeared well-kempt and, in fact, was meticulous in appearance. Personal hygiene was impeccable -- he virtually shined (no kidding). During the assessment session, he was quite fidgety, muscularly tense, and visibly apprehensive. Communication was near minimal. He spoke in labored short phrases.

Brian had no difficulty in academic work; he was passing all his subjects. Psychological assessment included the House-Tree-Person (H-T-P), Bender Visual-Motor Gestalt Test (Bender-Gestalt), Sentence Completion Test, and Thematic Apperception Test (TAT). Results of the Bender-Gestalt suggested a generalized apprehensiveness. Notes from the H-T-P read as follows: House -- need for exactitude, meticulousity, or at worst, pathologic inability to be definite; Person -- possible castration fear; Tree -- castration feelings, anxiety, physical inferiority and inadequacy. The main themes in the Sentence Completion Test revolved around the hand washing compulsion, family problems, problems with obsessions, and what

appeared to amount to a "people should be nicer" theme or interpersonal hypersensitivity theme. The results of the TAT were discarded because Brian did not appear to put forth a sufficient effort.

Brian's disinclination to openly communicate did not provide much direct information about the intensity and extensiveness of his problem. The parent conference with the mother a week following psychological assessment indicated a quite intense and extensive array of difficulties; and almost every possible repercussion of mysophobia. Brian's mother had to dress and undress him because he would not touch his clothes and risk contamination. The hand washing and bathing compulsions were in full swing. Brian would go into the bathroom to wash his hands and could not stop. He would call for his mother to help him. He would battle for hours and again would call for assistance. Apparently, he would start the handwashing or bathing, then realize he could not stop it after repeated efforts, and eventually panic and call for help. When he went to bed, he would sleep with his hands outstretched over the side to avoid contact with imagined contaminants. He was also having sporadic difficulty eating because he feared that his food could be contaminated.

A number of equally problematic complications were taking place in the school. Brian would not go to the bathroom at school and, as a result, urinated in his pants a couple of times on the way home. The fear of contaminated food was worse in the school setting. He not only frequently could not eat the food, he feared the cafeteria in general.

In addition to these multiple problems, Brian developed a fear of contamination and injury concerning radiation. His science class had studied radiation and talked about its potential ill-effects. He also

watched a TV movie about a man with a brain tumor and began to obsess about developing one himself. On top of all this, he developed a phrenophobia (fear of losing his mind) which was his most rational fear, and one that often accompanies severe phobic reactions.

Two psychological interventions were used with Brian. The school psychologist used systematic desensitization in imagination and also referred Brian to the local mental health center. Brian's mother stated that there were family problems. The father had a drinking problem and parent fights were common. Brian's mother said he had asked his father to quit drinking but the father said he could not. The school psychologist attended the staffing at the mental health center and together agreed that their staff would work on family and individual counseling with Brian while the school psychologist worked on systematic desensitization to deal with the phobic reaction.

The systematic desensitization procedure used with Brian was rather straight-forward. We began with muscle relaxation. I went over the relaxation sequence three times with Brian to be confident he understood the procedure. I told him to practice the procedure every day for a week before bedtime. I contacted his mother and told her he was to do this to insure that he did. Brian and I worked out a subjective units of disturbance (SUD's) hierarchy for the indirect food phobia. The hierarchy began with Brian going to school in the morning, then the period before lunch, the lunch bell, walking down the hall to the lunch room, standing in the lunch line, and finally eating. Every effort was made to include Brian's obsessive and phobic ideation, physiological reactions to these such as increased respiration and muscle tension, and the visual stimuli present in the school at each unit of the hierarchy.

Brian's fear of eating was chosen for systematic desensitization because it appeared to be health threatening. It was difficult to assess whether or not it would get worse and culminate in not eating or eating too little to sustain health. Brian received seven systematic desensitization treatments excluding the preparation sessions. He received therapy at the mental health center for one year. He was put on medication immediately but only took it for three or four weeks. His mother stated that he reacted to it by just sitting down and staring into space. So she discontinued its use.

Results

Over the course of my two months contact with Brian, the mysophobia and accompanying obsessive-compulsive problems were brought under full control. He ate in the school cafeteria and had no remaining compulsions. His symptoms subsided in an even gradual manner over the seven systematic desensitization sessions beginning with the third week. Brian's mother was highly satisfied with the services provided and was very appreciative. The following school year, Brian even played football as a ninth grader (locker rooms are even worse than school cafeterias).

Discussion

This particular case study is not a rigorous, neat and tidy piece right out of the Journal of Applied Behavior Analysis. Behavior counts are missing that would have been possible to obtain but to what indispensable end, I'm not sure. This case is more the sharing of experiences with a rather unusual client than a precise quantitative verification of

results over the course of treatment. Some treatments demand precise data collection as an integral part of the intervention itself. This one did not in my opinion. In this particular case, the measures of success were reports from the client, his mother, and school personnel. There are a number of interesting facets to discuss about the case.

There are other approaches to the treatment of phobic/obsessive-compulsive disorders. Reinforced practice, modeling, and flooding were all potential interventions. As a matter of fact, these approaches have been reported more effective than systematic desensitization in the literature (Leitenberg, 1976). However, in this case, the client's personality, passive-dependent, complicated the choice of intervention. It seemed that Brian would have needed assertiveness training just to cope with in vivo approaches. The obsessions and compulsions were not dealt with directly. His fear of eating contaminated food was dealt with first because of its obvious threat to health. As it turned out, all of his problems subsided uniformly so additional interventions were not necessary even though they might have been.

Perhaps Brian's fairly rapid recovery was as much or more the result of placebo effect as a genuine treatment effect since he was getting help, attention, and hope from two separate sources. But observation did indicate that his progress in the systematic desensitization sessions was legitimate. He did seem to be working through the SUD's in a bit-by-bit progressive fashion as would be expected from a client genuinely involved in the procedure.

Brian was referred to the mental health center for a number of reasons. First and foremost, his problem was serious and potentially could

have worsened. I wanted formal contact with professionals who could hospitalize him immediately, if necessary -- which seemed wise as a failsafe. Secondly, school facilities for counseling are generally lamentable and even less adequate for family counseling. Finally, there was the omnipresent time constraint problem.

The clinical impression of Brian and results of psychological assessment strongly suggested that his phobic reaction was a manifestation of a personality disorder and other sources of stress. Under these circumstances, intervention to alleviate his fears without appreciating their probable cause would have been less than circumspect. Individual and family counseling seemed necessary to deal with his passivity, dependence, and chronic apprehensiveness. The behavioral intervention was needed to deal with a critical immediate problem as directly and expeditiously as possible.

One final comment. Many of the intervention approaches we use with students come across to them as obscure, esoteric, or just not within their frame of reference. Sufficient time should always be taken to fully acclimate a client to the intervention rationale. This should be done without use of jargon to communicate the intent, procedure, and desired results to the client on his level. Initially, Brian had a difficult time relating to systematic desensitization as an intervention. Further explanation of the procedure on his level eliminated that obstacle.

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A Program Change:
Mental Disabilities To Talented And Gifted
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Abstract:

The following case study is a documentation over a five year period describing the behavior, IQ test scores and educational progression of a child originally diagnosed as mentally disabled who moved from that category and special class placement gradually to a general education placement and ultimately to an IQ range at or near the gifted level.

March 10, 1981

Thomas was first referred in the Spring of 1975 as a result of a social worker's observation of him at Kindergarten Roundup. She reported the following information: "Perhaps hyperactive, short attention span, wouldn't sit with the group, could not follow directions, coordination was poor." The social worker went on to explain that the child had had no nursery school preparation and his mother requested that he be tested. His mother questioned his readiness and regarded him as being slow in development. The evaluation was conducted in Thomas' home. The home, while small, was clean and neat. Thomas had many toys, some of them of an educational nature which had allowed him to learn numbers and the alphabet. His mother said he learned much of what he knew just in the past year (ages 4-5). She reported he started talking in two words together at about age 2 years and then didn't talk much until about age 4 years. Then, he began verbalizing quite rapidly which continued until the time of the first evaluation. Thomas appeared to be a hyper verbalizing child, seldom being quiet without being told. His mother said he had not had much experience playing with other children, preferring to play by himself. When asked about his attention span, she said he could sit and watch T.V. for an hour or more at a time. Such good attentiveness was not noticed during the evaluation. As a matter of fact, he was highly distractible, over-active and seemingly possessed of a very short attention span.

The Stanford Binet Intelligence Scale, Form L-M, was administered to Tom. His efforts at this time resulted in a mental age of 4 years, 2 months and an IQ of 80, suggesting he might be eligible for placement in a special class for slow learning children. In spite of the fact

that Thomas was a large boy for his age, it was thought he would find limited success if he were enrolled in kindergarten the coming school year.

The new AEA that was to be formed by July 1, 1975, intended to sponsor preschool classes for handicapped children. It was recommended that Thomas be included in one of those classes. His mother enrolled Thomas in a preschool class for handicapped children, the primary handicap being mild mental disability. As the year progressed, Tom provided evidence he had still another handicap that might be equal in magnitude to the difficulty he had succeeding on Binet items. In spite of the behavioral interventions devised by Tom's teacher, he continued to engage in tantrum behavior to such an extent that he was observed, on occasion, in the hallway where he was being isolated, crying loudly and thrashing his body about. His tendency toward emotional explosiveness was definitely beyond normal limits, and the staff knew it was serving a child with greater problems than simple mild mental retardation.

The next formal assessment of Tom was completed on April 13, 1976. This was done at the request of the head teacher in order to obtain additional intellectual information to assist in making educational plans for him for the 1976-77 school year. During this evaluation, Thomas engaged in much less verbalization than he had a year earlier. He still possessed a short attention span and was somewhat over-active but would follow commands rather well. Occasionally, during an evaluation he would inappropriately make an imitation of laughter such as "he-he-he" or "ha-ha-ha." The Stanford Binet was again administered to Tom during this evaluation. He obtained an IQ of 82. Following this evaluation, a staffing was held.

Consideration was given to placing Tom in a class for children with mental disabilities, although it was made clear to the group that Tom was a high functioning child to be considered for such placement. It was the general consensus of the group that considering Tom's overall behavior, including the frequent temper tantrums, his over-activity, and social immaturity, that placement in such a class for at least one year would be desirable.

Thomas' parents indicated they intended to have Tom evaluated in Iowa City during the summer of 1976. They shared the belief that Tom would not be successful in a large group such as a typical kindergarten class. A decision was reached to have Tom attend the primary class for children with mental disabilities for the 1976-77 school year with the recommendation that another psychological evaluation be completed toward the close of that school year. The staffing report included pertinent comments by the Early Learning teacher. She stressed the amount of behavior and social progress that Thomas had achieved but indicated he still could not handle a large group situation:

Thomas' greatest difficulty lies in the area of adjusting to change in his daily routine. Change seems to disorganize him and produce opportunities for behavioral disruption. Thomas needs much encouragement in challenging tasks because when overchallenged, his reactions become unpredictable.

An evaluation was conducted by the Child Development Clinic in September 1976. The parents reported many of the same behaviors as had been observed at Early Learning. The psychological portion of that report is summarized as follows:

Thomas' overall level of social maturity was below that which would be expected for a child of his general level of functioning. Of particular note in this regard was the often babyish quality of his talking. Thomas performed toward the upper limits of the range of borderline intellectual ability. Quantitatively, on the Stanford Binet Intelligence Scale, he earned an IQ of 81 according to 1972 norms. Present test findings should be considered a minimal estimate of Thomas' abilities in view of his emotional difficulties.

Under the section subtitled Impressions is the following:

Motor dysfunction, adjustment reaction of childhood, borderline intellectual ability, moderate articulation problems, expressive language problems, extent deferred, multiple minor anomalies.

Under the subtitle Discussion and Recommendations was the following:

We would recommend Thomas and his family return to the Mental Health Center for continued service. Considering Thomas' previous isolation and possible lack of stimulation within the home, he has made outstanding progress in the acquisition of academic readiness skills. Thomas' skills are quite advanced for his general level of intellectual functioning. Perhaps his enrollment in the preschool program and his current placement in small individualized specialized kindergarten classroom have afforded him the structure and stimulation which may have affected his remarkable progress. Tom will not achieve his academic potential until his behavioral difficulties have been resolved.

The next formal assessment of Tom was made on April 21, 1977. This assessment was requested by his teacher who indicated he had made a great deal of emotional growth during the past school year. She wondered if it might prove beneficial for him to transfer to a general education class. Because of the prior relationship, Tom related well to the examiner, leading to the belief that this was a valid assessment. The Stanford Binet was again administered to Tom, using the 1972 norms; the result was an IQ of 85. The Wide Range Achievement Test was administered and in word recognition and spelling, he was working at a grade equivalent of 1-3. In computational arithmetic, he was working at a grade equivalent of 1-2. The standard scores for reading and spelling were 87 and the standard

score for arithmetic was 85. In May 1977, the AAMD Adaptive Behavior Scale was administered to Tom and his adaptive behavior was low on all scales except physical development. The team decision was to continue his placement in the mental disabilities class.

Tom's next assessment occurred January 24, 1978, when he was referred by two of his teachers who reported he was doing academic work above average in his mental disabilities classroom. They believed he would be able to meet success and be more challenged in a regular class setting. On this occasion, the WISC-R was utilized, and he earned a verbal scale IQ of 88, a performance scale IQ of 78, and a full scale IQ of 82. This was highly consistent with his previous experiences with an intelligence test. The WRAT was administered and in word recognition he was reading at a grade equivalent of 2-1. The standard scores had increased to 96 in reading and 91 for arithmetic. It was decided that Tom would enter regular second grade at the beginning of the following school year.

Up to this point in time, Thomas had his intelligence assessed five times, one of them being by the psychologist at the Child Development Clinic. All five of the IQ scores fell between 80 and 85.

Intelligence Assessment

<u>Date</u>	<u>Test</u>	<u>CA</u>	<u>Results</u> <u>MA</u>	<u>IQ</u>
5/29/75	S-BLM	5-1	4-2	80
4/13/76	S-BLM	6-0	5-0	82
9/21/76	S-BLM	6-5	5-7	81
4/21/77	S-BLM	7-0	6-4	85
1/24/78	WISC-R: Verbal 88		Performance 78	Full Scale 82

Achievement Data

<u>Date</u>	<u>WRAT Subtest</u>	<u>Grade Equivalent</u>	<u>Standard Score</u>
4/21/77	Reading	1-3	87
	Spelling	1-3	87
	Arithmetic	1-2	85
1/24/78	Reading	2-5	96
	Arithmetic	2-1	91

Thomas was referred in October 1980, by the school social worker who serves the school building. She indicated she was asking for a re-evaluation of Thomas because of the possibility he might be a gifted child. For reasons discussed above, this request was not taken seriously. But the social worker was persistent and finally a parent permission form was signed. At this time, Tom was assigned to a fourth grade general education class.

Tom does not like to leave his classroom for the purpose of being tested. This was obvious when his teacher asked him to accompany this examiner. Thomas ignored the request, and his teacher had to speak to him three times, raising her voice on the third request at which point Tom ended his overt resistance and began putting away his work material. As Tom entered the hallway, he announced, "I hope this ends soon," with his voice containing a great deal of hostility. His attitude continued to be poor and it became clear that it was not going to improve through reality therapy counseling techniques, so questions from the Information subtest were presented to Tom. He responded well to this, so the test was continued and ultimately completed. The Wechsler Intelligence Scale for Children - Revised Form - was administered to Tom, and he was found to have a verbal scale IQ of 145, a performance scale IQ of 101, and a full scale IQ of 126. These scores indicate Tom now exceeds about 95% of his

age group in terms of intellectual capability. The scaled scores on the WISC-R are reported as follows:

<u>Verbal Tests</u>	<u>Scaled Scores</u>	<u>Performance Tests</u>	<u>Scaled Scores</u>
Information	19	Picture Completion	11
Similarities	17	Picture Arrangement	16
Arithmetic	16	Block Design	12
Vocabulary	18	Object Assembly	6
Comprehension	15	Coding	6

A few comments can be made about Thomas' highest scaled score which is Information and one of his lowest scaled scores which is Coding. Thomas had a tremendous fund of general information. On the Information subtest, he missed only two questions. Those were the distance between New York and Los Angeles which he missed by about 500 miles; and what does turpentine come from? In answer to the question, Who was Charles Darwin?, Tom not only explained he developed the theory of evolution, but also indicated he wrote a book called The Origin of the Species, and gave the year in which it was written. On the Coding subtest, Tom showed an extreme disability in being able to copy. This was discussed with his teacher who confirmed he does have serious difficulty copying in the classroom, regardless of whether it is from the blackboard or from material on his desk. The Key Math Diagnostic Arithmetic Test found Tom to have a grade equivalent of 5-9. The Woodcock Reading Mastery Test was administered with the following results:

<u>Subtest</u>	<u>Grade Equivalent</u>
Letter Identification	6.2
Word Identification	7.2
Word Attack	12.9
Word Comprehension	10.3
Passage Comprehension	12.9

The Peabody Individual Achievement Test was administered to Tom:

<u>Subtest</u>	<u>Grade Equivalent</u>	<u>Percentile</u>	<u>Standard Score</u>
Mathematics	8.6	87	117
Reading Recognition	8.4	85	117
Reading Comprehension	7.2	75	110
Spelling	6.7	68	107
General Information	above 12.9	above 99	above 135

The WRAT was administered to Tom:

<u>Subtest</u>	<u>Grade Equivalent</u>	<u>Standard Score</u>	<u>Percentile</u>
Reading	8.0	122	93
Spelling	6.5	112	79
Arithmetic	6.9	119	90

Tom's teacher completed a Devereux. Most of his standard score units fell within one standard deviation of the mean or, in other words, in the normal range. The main exception was disrespect and defiance which fell midway between one and two standard deviations.

The CPQ, published by the Institute for Personality and Achievement Testing, was given to Tom. The interpretation of this profile finds that Tom's picture of himself corresponds closely to other people's view of him and to his behavior. For example, he seems to be an uncompromising person who is very sincere and prefers things or words to people. He likes to work alone and, if he were to make friends, he would probably prefer an intellectual kind of companionship over other forms of interaction. The test confirms the high intelligence found on the WISC-R. He seems to have a tendency to react without the benefit he might gain from using his intelligence to think about consequences of his actions. He is seen as being a youngster who enjoys showing off and has lack of control over his temper. He can also be demanding and impatient. He has little control over his emotions, tending to follow his own urges and is careless and disregarding of social rules.

The social worker administered the ABIC section of the SOMPA to Tom's mother and she stated, after an explanation of the interview was made, that Thomas would probably fall about two years below his age on this instrument. She proved to be accurate with Tom falling at the first percentile on most of the ABIC scales and at the second percentile on the remainder of them. This means Tom's adaptive behavior falls approximately six years below his measured mental age. Tom has few, if any, friends, and his favorite pastime is going to his room to read National Geographic, encyclopedias, and other scientific magazines and books. He does not care for fiction. Tom has always been overprotected by his parents. Examples of this are that his parents have never allowed him to go alone to any of the grocery stores or fast food restaurants that are near his home. When asked about sending him to the store to enhance his independent development, his mother indicated there might be some danger for Tom in crossing one of the busy streets in the city, and also that she doubted he would be able to find even one or two items in the store if he was sent. Tom gets along fairly well in a classroom but has considerable social problems on the playground. He physically attacks other children and threatens violence to playground supervisors who challenge or chastise him.

On one occasion, Tom had been brought into the building by one of the teaching staff and was leaning his head against a door post in the building, occasionally banging his head against the post, while the teacher chastised him for his behavior. Tom was very rigid and tense and his mouth formed a tiny O as he expelled air through it. He was also drooling at the time. He continued to behave in this manner until his "tormentors" finally left. Tom then calmed down and went to his room and presented no further problems for the rest of the day.

Thomas' parents have agreed to seek an appointment again with the Child Development Clinic to confirm current test results; to get an evaluation from Child Psychiatry; an evaluation from a neurologist; and an evaluation by a physical therapist in addition to whatever information the clinic feels it needs to make a diagnosis of this most unusual child. It is doubtful if anyone will ever be able to account fully for the dramatic increase in Thomas' measured level of intellectual functioning. There is abundant evidence that Tom has had emotional impairments all of his life and his abnormal emotional development would seem the primary factor in inhibiting his early development, causing him to test so low only two years ago. It is not believed that Tom was deprived of learning opportunities, but it does seem he was emotionally unable to take advantage of them until about the time he entered a general education second grade. He is in fourth grade now but, during that time, he has learned to read and read well, which has opened a vast warehouse of knowledge through which he has been picking his way for the last two to three years. He has retained an amazing amount of the things he has learned. The WISC-R scaled scores indicate there are still some areas in which he is functioning like a retarded child, and his adaptive behavior is replete with deficits. If a talented and gifted program is begun in Tom's school district, he will surely be included in it in whatever way he can profit most. Thomas' greatest need is to be helped to overcome his behavioral deficits and to increase his socialization skills. Hopefully, the Child Development Clinic can discover a base from which those interventions can begin.

Note: A special note of gratitude is expressed to Dr. James D. McLallen for editing and writing suggestions.

Promoting Self-Correction of Work/Study Deficits

In A Fifth Grade Learning Disabled Boy

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Abstract:

A method emphasizing self-correction and problem-solving by a fifth grade learning disabled boy was utilized in attempting to decrease late, missing or incomplete assignments. Results showed overall improvement characterized by an initial surge and then slackening off in progress. Discussion of the method and results follow, including ideas for future research.

March 10, 1981

Introduction

With all the emphasis placed upon the identification of legally defined handicapping criteria and qualification for special education programming in this era of education, it seems to this school psychologist it is getting easier to forget about less "official" causes of learning and achievement problems. Although different levels of mental or emotional disability are frequently diagnosed as being the primary problem, not to mention the various types of specific learning disabilities, this psychologist has found that the student's study habits are among the most relevant yet overlooked factors when investigating problems associated with learning and achievement.

Actually, quite a bit has been written about study habits which a review of book titles revealed is a rather broad topic. A sampling of such books included reading in self-directed learning (Della Dora & Blanchard, 1979; Knowles 1975), supervised study (Kilzer, 1931), group study (Maguire, 1928), teaching study skills (Crawford, 1966; Kranyik, 1963) and homework (DiNapoli, 1937; Ferguson & Shockley, 1975), to name a few. This book review seemed to show that a majority of the literature is prepared for secondary school students and especially for college students. The focus of this paper, however, is on the elementary school student with study habits pertaining specifically to late, missing or incomplete assignments.

A review of research literature on the study habits of elementary students uncovered a few studies that looked into the causes of poor study behavior (Burdtt, Palisi & Ruzicka, 1977; Davis and Douglas, 1976; Dorsel, 1975). The majority of studies were on methods to improve study

habits and most of these methods studied involved some form of behavior modification. Such methods were generally successful. McLaughlin and Malady in two separate studies (1975) demonstrated the effective use of token reinforcement in improving assignment completion in fifth and sixth graders. In a study comparing individually administered versus group token reinforcement programs, Young (1974) found the individual approach to be somewhat more effective in motivating fourth through tenth graders to complete assignments. Utilizing a combination method, Cohen (1978) found that token reinforcement enhanced the effects of self-monitoring in increasing the study behavior of underachievers. Harris and Sherman (1974) also found that providing consequences for completing assignments, in this case the homework of seventh graders, proved positive.

Methods not emphasizing behavior modification procedures generally appeared less effective in improving study habits and/or achievement. One such study (Scott, 1974) found that a learning program consisting of slide tape presentation followed by discussions resulted in no significant increase in the work habit skill development of eighth graders. A method employing goal setting procedures was found to have no significant effect on either the study behavior or achievement of fifth and sixth graders studied by Sagotsky, Patterson and Lepper (1978). Peterson et al (1979), though, reported that the use of I-messages by teachers resulted in increased study behavior in fifth and sixth graders. Interesting results were obtained by Reitz (1975) in that two groups of educably handicapped children, one receiving a tutorial program and the other a control group, both gained in study skills. It was explained that testing of the control group focused teacher attention on the deficiencies of that group which brought about equal gains.

The method described in this paper was developed, in part, to further study the efficacy of primarily non-behavioral approaches in promoting better study habits in elementary age children. One major component of the method is clarification of the problem to be remedied. The Reitz study and a study by Hegstrum (1976) both reflect the benefit of a definitive and relevant behavior on which to focus. The other primary component is self-correction, i.e. putting the onus of problem-solving and decision-making on the student. Brown (1978) points out the importance of fostering independent actions in her article "Independent Study Behaviors: A Framework for Curriculum Development." In fact, curriculum materials (Casteel, Goodyear Pub. Co.) and problem-solving systems (Ozer, 1980) have been developed which encourage independent thinking and acting on the part of children. The method described here is an attempt to apply these general ideas specifically in promoting study habits of an individual student.

Method

Subject

Rich W. was an 11 year old, fifth grade boy who had recently been diagnosed as learning disabled and recommended for resource room placement for remediation of visual-motor and memory skills. Rich was referred to the school psychologist by his homeroom and primary teacher because of failing or near failing grades in all of the basic academic subjects. The referring teacher noted that Rich seemed to have the ability to be an average student but a major problem was that his school and homework assignments were often late, missing or incomplete.

The method under discussion was developed by this school psychologist as part of Rich's Individual Educational Plan. It was felt that remediation in visual-motor and memory skills, although necessary, would not be sufficient in helping Rich to realize his academic potential. In addition, a specific method for increasing his academic responsibility and developing better study habits appeared to be warranted. "Increasing academic responsibility and developing better study habits" referred specifically to the goal of increasing the percentage of completed classroom and homework assignments performed or handed in on time.

Procedure

Step 1 (data gathering period): Each of Rich's three basic academic teachers defined, in writing, specific areas of work/study deficit, i.e., problems associated with late, missing or incomplete assignments. For example, "Does not complete daily homework assignments in math" or "Long-term science projects are either late or never submitted."

Step 2 (overview period): The psychologist presented the problem areas to Rich as perceived by his teachers. During this "overview period" general reactions by the student were welcomed. Each problem area was then taken one at a time and Rich was asked his perception of the problem. It so happened that he agreed to the problem areas as cited by his teachers. If there had been disagreement as to whether a particular problem existed at all, or if the perception of the problem differed in some way between student and teacher, then the affected areas would have to have been clarified, possibly by gathering facts, before going on to the next step.

Step 3 (brainstorm period): Rich was then asked, taking one area at a time, to think about the problem, why does it exist, and what can be done to solve the problem. Emphasis was placed upon encouraging the student to develop an idea or ideas to remedy each problem. By getting the student to respond to the "why" component of the problem, the psychologist was able, if necessary, to offer "hints" at solutions. For example, "You say one reason you can't get your homework done is because your study table is in the same room where your family watches T.V. I wonder what can be done about that?"

Step 4 (focus period): Rich was then encouraged to explore his ideas further, to consider the pros and cons. It was then the student's responsibility to select the most practical and feasible solution(s) to each problem area. If necessary, the psychologist would comment on things to consider in helping the student to decide upon seemingly sound solutions.

Step 5 (commitment period): The student's ideas were then expressed in writing in the form of a "solutions to attempt" list which was signed by Rich and the psychologist. Copies were held by both. Before signing, however, Rich was asked to check the list over and comment if he had reason to believe any of the ideas might not work. This was done in an attempt to minimize later excuses. The last five minutes were spent discussing topics of interest to Rich.

The above five-step procedure was carried out in the following manner: Rich and the psychologist got together for a 30 to 40-minute "counseling" session per week for a period of five weeks. During this five-week intervention, five work/study deficits were dealt with; three were presented the first week and the remaining two were presented the second week.

During the first week, the three initial problem areas were defined and solutions developed. During the second week, progress was reviewed and, if necessary, new solutions were developed to deal with the "old" problems. Also, the two remaining problem areas were defined and solutions developed. The following three weeks were spent reviewing progress and, if necessary, new solutions were developed to deal with those problem areas which had already been defined during the previous weeks.

Results

Each week prior to Rich's session with the psychologist, those teachers who had reported work/study deficits would present the psychologist with a progress report. The report indicated whether the particular problem had gotten worse, remained the same, improved, or no longer existed. A copy of this report was also sent home weekly for Rich's parents to review.

The initial effects of the intervention appeared very positive as, by the third week, all five problem areas had either shown improvement or no longer existed. Week four showed continued improvement so that all five previously reported work/study deficits no longer existed and no new problem areas were reported. During the fifth week, however, a new work/study deficit was reported by one of the teachers and two of the previously defined problem areas had begun to surface again.

The method developed to improve Rich's work/study habits was terminated after five weeks for a number of reasons. The primary factor was that a personal problem had come up in Rich's life such that work/study habits were not appropriately a primary emphasis for counseling at that

time. At the same time, one of the teachers had become lax about keeping close track of Rich's progress and there was reason to believe that Rich's parents were becoming less involved. Though this method resulted in some regression following initial success, Rich's primary teacher reported at the end of the intervention that his work/study habits were improved compared to the time prior to intervention. She also reported improvement in his self-concept.

Discussion

Though this method was considered beneficial by Rich's teachers in promoting better work/study habits, the question of why his progress slackened toward the end of the intervention period has implications for future application. The personal problem that came up in Rich's life was no doubt relevant but was not seen as the only factor. It is quite likely that one teacher's tendency to slacken off in terms of submitting progress reports, thus indicating a lessening of support for the method, may have contributed to the results. Even though the work/study deficits which developed toward the end of the intervention were not limited to one classroom, it is possible that the teacher's lack of cooperation may have influenced Rich's attitude toward the method in general. Another likely factor is that Rich's parents started to fail in some of their duties, i.e., as they played a part in some of the solutions, such as buying him a homework pad and signing it daily. Thus, an apparent requirement of this method is commitment, and it is suggested that the potential for such commitment be evaluated in considering the appropriateness of utilizing this method.

Although not all of those involved in promoting better work/study habits in Rich remained committed to the method, it is felt that the time and effort required are kept to a minimum, especially for those other than the primary implementor, in this case the psychologist. Hence, it is possible more teachers might be willing to try this approach than say, behavior modification. This psychologist has found that teachers are often discouraged when told of their need to collect baseline data, monitor closely the target behavior to see if it meets criterion, or dispense rewards. The method described here is seen as relatively flexible such that, depending upon the nature of the case and those involved, the procedures for record keeping and determining progress can be geared appropriately. In addition, some parents and teachers feel turned off to behavior modification procedures because they have a hard time understanding how such procedures are any different than "bribing" the child. The method described here may be encouraging to such parents and teachers to the extent it emphasizes intrinsic motivation over extrinsic motivation.¹

The following are suggestions regarding future implementation of this method. It is important that both the problem areas cited by teachers and solutions developed by the student be operationally defined, i.e., verifiable, otherwise there would be no accurate way of determining progress. Also, the number of problem areas to work on at one time should be kept at a workable level in order to facilitate the problem solving process. Depending upon the nature and depth of the problems, between one and five problem areas seem reasonable. In order to enhance a positive student attitude, the problem-solving sessions should be presented as just that, and not as "problem" sessions. Spending the last five

minutes or so on topics of student interest may help the student to leave feeling rather positive about things in general. This also models appropriate study habits in that work time should precede "play" time, i.e., Premack principle.

A number of considerations come to mind if this method is employed in future research. One such study might be to investigate the effect of this method on increasing decision-making and problem-solving skills, factors which may have had a bearing on the results of the present study. Also, to study the effect of these factors on the student's locus of control, i.e., does the student become aware that he or she can assume increased control over academic achievement. Isolating the effect of providing the student with adult "attention" alone versus the method itself would provide additional information on the efficacy of the method. Modification of this method could provide research on group application or length of treatment. Other research previously discussed (Cohen, 1978) suggests that a combination approach utilizing behavior modification might prove successful. A critical factor yet to be investigated is the lasting effects of the treatment following termination. Ultimately, it would seem useful to study the applicability of this method or some adaptation in a variety of situations, e.g., grade, functioning level, or personality type of the student; family type; teacher type.

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Footnotes

¹Although reinforcement of desired behavior is a component of this method both in terms of positive verbal feedback and intrinsic reward, cognition (clarifying, defining, solving) is seen as the main component. Therefore, this method is not considered primarily behavioral but rather as an alternative to behavior modification.

Reducing The Fear Of Reading Orally In Class

In An Elementary School Boy

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Abstract:

A modified desensitization procedure was proven successful in helping a fifth grade boy reduce his fear, such that he was able to read orally in class.

November, 1980

Introduction

The treatment used in this case study was related to systematic desensitization (Wolpe, 1958); however, there was a substantial difference. The progressive relaxation component was omitted.

Wolpe based systematic desensitization on the assumption that responses incompatible with anxiety, when paired with increasingly threatening levels of the feared situation, will eventually displace the fear. These incompatible responses generally consist of progressive relaxation of different muscle groups while the client imagines scenes depicting situations which he or she has indicated to be the cause of his or her fear or anxiety. The client may either imagine the scenes, or be given graded in vivo exposure to the feared situation.

The assumption that irrational fears result from conditioned emotionality has been questioned. More specifically, Meichenbaum (ISPA, 1980) indicated that "test anxiety" may be an attentional style problem rather than a conditioned fear. In other words, test anxious individuals merely have more task irrelevant thoughts and make unreasonable social comparisons. If this position is valid, then there would not be a need to emotionally recondition the person who has an unreasonable fear of taking tests, speaking publicly, or reading orally. This may obviate the need for progressive relaxation.

Rimm and Masters (1974) offer a caveat when helping an individual overcome his or her fear. The fear is "irrational" only if it is evident that the client has sufficient skills for coping with whatever it is that he or she fears. For example, a child's fear of reading orally is quite "rational" if the child's reading level is below that of most of his or her peers!

Method

The subject in this study was an 11 year old, fifth grade boy. He was enrolled in an elementary school in rural Northwest Iowa. The subject was referred to the school psychologist because of his fear of reading orally in a class of 23 students. Whenever it became the subject's turn to read aloud, he would show observable signs of fear (i.e., quivering voice, shaky hands, and tears). Also, the subject would invariably be unable to finish the particular reading passage. In the judgment of the psychologist, the subject's behavior met the criterion for an irrational fear. It was evident that he had sufficient skills for coping with oral reading. The classroom teacher reported that the subject was popular among his peers and well above average academically. Also, the psychologist administered a diagnostic reading test. The subject's instructional reading level was at sixth grade, according to the results of the Silva-rolí Classroom Reading Inventory.

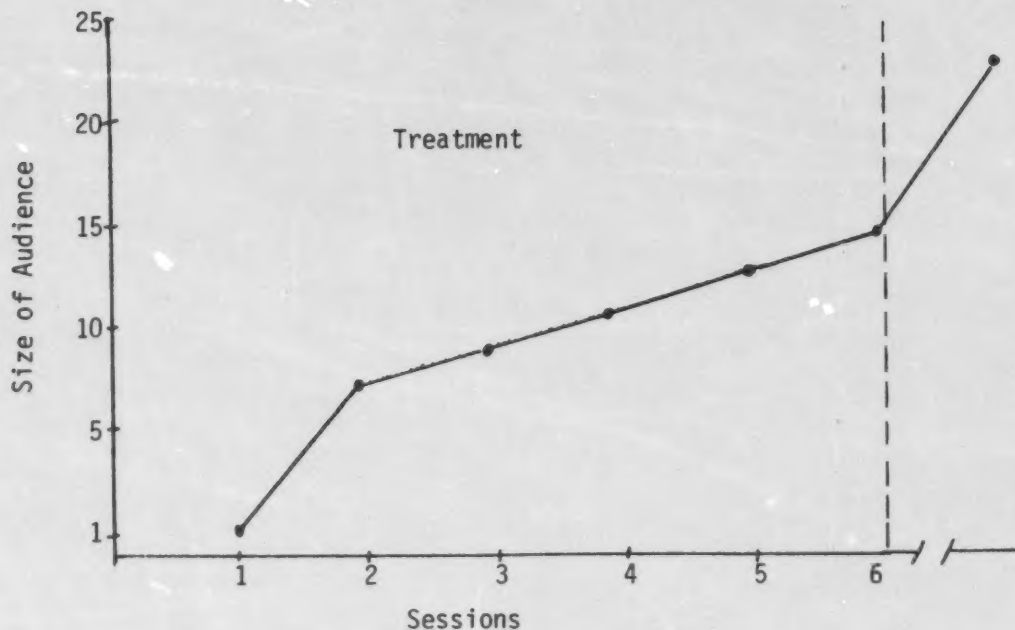
The practical benefit of overcoming a fear depends on the probability that the person will encounter the feared situation in his or her daily life. Assume that I have an irrational fear of snakes. In my daily functioning as a psychologist, overcoming my fear of snakes would be relatively unimportant to me. However, it would be quite pressing if I had plans of becoming a gardener, zookeeper or snake charmer! Oral reading was a regularly occurring activity in the subject's classroom -- an unavoidable situation. In addition, the subject expressed his desire to succeed in reading to the class when it became his turn. This motivational factor enhanced the practical benefit of the subject's overcoming his fear.

The treatment consisted of: (1) breaking down the task into a graded series of mutually agreed upon steps; (2) the subject's reading to increasingly greater portions of the class; and (3) social praise from the teacher, peers and psychologist. One important ground rule was established. The subject was not allowed to move to a higher step unless he succeeded on the previous step. Success was defined as completing the reading passage, since part of the presenting problem was that the subject would invariably be unable to finish the passage. Graded reading selections were used to insure readability. If the subject did not succeed on a particular step, he was given the option of redoing that step or moving to the previous step on which he succeeded. The duration of the treatment was six weeks, with one session per week. The subject was not required to take his turn in class for the duration of the treatment. The individual steps are incorporated into Figure 1 of the Results section.

Results

The results are presented in Figure 1. Session 1 consisted of just the subject and psychologist. The psychologist and teacher were included in the audience of every treatment session thereafter. It can be seen from this table that the subject successfully mastered each of the treatment steps. He did not repeat any of the steps. During the week after the sixth session, on a day when the psychologist was not present, the subject indicated to the teacher that he felt "ready" to take his turn reading to the entire class. The teacher reported success on this occasion and each occasion thereafter.

Figure 1
Size of Subject's Audience
Over Weekly Sessions



The fear response (i.e., shaky hands and quivering voice) was observed during the first few sessions of treatment, but was markedly diminished by the fifth and sixth treatment sessions.

Discussion

The treatment used in this case study has a broad spectrum of application. Many different feared situations can be broken down into manageable steps, assuming that the person has sufficient skills for coping with the feared situation. An important consideration for this treatment strategy, as well as other psychological interventions, is to tailor the treatment to the client. Different people will probably need to have the same task broken down differently. Some people may require an adjunct to

this type of intervention (e.g., relaxation or modeling). Meichenbaum (ISPA, 1980) stresses the idea of allowing the client to become a "collaborator" in his or her treatment. Allowing the client to function in this role enhances compliance, provides valuable information and helps insure that individual differences are taken into account.

The willingness of the client to overcome his fear and the social support provided by his teacher and peers were important factors in the success of this particular intervention. In addition, the client's parents provided encouragement and support. These additional factors enhanced the subject's progressive achievement of his goal.

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The Use Of Deep Relaxation And Imagery

In The Treatment Of School Phobia

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Abstract:

Presented is a description of the combined use of deep relaxation and imagery to successfully treat school phobia in a nine year old resource room pupil.

Introduction

Over the past 75 years, various procedures have been utilized in the treatment of fears. Therapeutic procedures based on the learning theory positions of, for example, Skinner (1938, 1953), Pavlov (1927), Hull, (1943), and Mourer, (1950), have, however, been found to be the most effective. Specifically, three procedures which have been found to be effective in the treatment of phobic reactions and fears are:

1. Systematic desensitization
2. Assertiveness training
3. Implosive therapy (Morris, 1975)

Basic assumptions underlying each of these methods are that phobias and the avoidance reactions which accompany them are learned by the individuals; phobias do not occur as a result of innate factors; and that phobias are not the result of an underlying psychological disturbance, (Morris, 1975).

Psychologists practicing primarily in the school setting frequently encounter children who display a fear response to school. This reaction may vary from uneasiness in the school environment to complete avoidance of the school situation. In most instances, the fear reaction reduces the student's ability to utilize his potential with regard to the academic program and has adverse carry-over to other areas of the child's life.

While older children are more likely to experience an identity crisis which contributes to anxiety about performance in school, separation anxiety is seen as the main factor involved in school phobia with the early elementary-age child, (Lohry, 1979). Elements of both the separation

anxiety, characteristic of the elementary age child, and the identity crisis associated with the older child are evidenced in this case presentation.

In the case described herein, school phobia was successfully treated with deep relaxation and imagery techniques.

Method

At the time of referral, Dan was a nine year old male enrolled in the third grade.

Modifications in his academic program included one hour per day in resource room for an individualized arithmetic program; 50 minutes per day in resource room for spelling; and 50 minutes per day in Title I reading. The resource room teacher reported that Dan had been feeling self-conscious about the time he spent away from the remainder of his class.

Dan was also being seen two times per week by the speech clinician for therapy designed to enhance language development.

His scores on standardized measures of performance within one month of his referral were as follows:

Wechsler Intelligence Scale for Children - Revised Subtest Scores - Scaled

Information	3	Picture Completion	7
Similarities	5	Picture Arrangement	10
Arithmetic	5	Block Design	8
Vocabulary	8	Object Assembly	10
Comprehension	6	Coding	6
Digit Span	9		

Verbal IQ = 72

Performance IQ = 87

Full Scale IQ = 78

Key Math: Grade Score = 2.1
Grade Placement = 3.6

Woodcock Reading Mastery Tests - Form A:

	<u>Easy Reading Level</u>	<u>Reading Grade Score</u>	<u>Failure Reading Level</u>
Letter Identification	3.4	4.3	12.9
Word Identification	2.4	2.7	3.0
Word Attack	1.8	2.2	3.1
Word Comprehension	1.8	2.2	2.8
Passage Comprehension	2.3	2.7	3.2
Total Reading	2.3	2.5	2.8

Dan was referred to this psychologist by his parents and the school nurse.

For 10 school days preceding his referral, he had been experiencing physical complaints associated with school attendance and/or anticipation of school attendance.

His symptomology consisted of stomach pain, nausea, difficulty swallowing, and vomiting.

Along with his physical problems, Dan experienced perceived inability to ride to school on the school bus. He also refused to eat breakfast, fearing he would choke or vomit after his mother brought him to school.

When he attended school, Dan would report being ill shortly after his mother brought him, and be sent to the nurse's office. At times, he would return to class after lying down for approximately 30 minutes and being reassured by the nurse. Half of the days his mother was called to take Dan home from school.

Dan's family physician had prescribed muscle relaxants for Dan to be taken in the mornings. Dan's mother reported that these were ineffectual, as he frequently vomited after taking them.

This psychologist interviewed Dan's mother prior to seeing Dan. She related that Dan's fear of coming to school was unprecedented, and developed suddenly without apparent cause. Within the course of our discussion, a detailed explanation of deep relaxation techniques, the role of imagery in deconditioning, and physiological reactions to anxiety was given to the parent. This psychologist repeatedly emphasized that phobias did not occur as a result of innate factors, were not indicative of underlying psychological disturbances, and were learned. The parent was told that, as a way of overcoming his anxiety, Dan would be taught to "allow" himself to relax and to imagine himself doing the things he feared. She was told that he would be practicing this with the psychologist at school and by himself at home. In order to avoid a potential situation in which the parent might attempt to "push" the child into trying to relax, the importance of obtaining immediate results was minimized.

This psychologist saw Dan the same day and he corroborated what his mother and the school nurse has previously reported. Dan was told that he could learn "an easy way to stop feeling sick and afraid in school." It was stressed also in this interview that relaxation did not have to happen immediately, nor that fears had to leave immediately, but that it would probably happen soon. The psychologist also made it clear to Dan that there was nothing unusual about being afraid and that most people learn to overcome fears at one time or another.

Relaxation training was initiated that day. Dan was instructed to lie across two padded chairs in a darkened room. He was told to close his eyes and allow a "movie" depicting beautiful scenery to "play" in his mind, somewhat like watching T.V. Beginning with his right hand and arm, all

muscle groups were systematically relaxed, using the technique of having him tense his muscles for three seconds, then "notice or feel the difference." In between the relaxation of each major muscle group, the psychologist made the following suggestions to Dan: 1) "You will listen only to the sound of my voice," 2) "Your breathing is regular and you can feel the cool air coming in and the warm air going out," 3) "You do not have to feel relaxed, but you will."

Each time the three suggestions were made, Dan was allowed about 45 seconds to "play" his relaxing scenes. Towards the end of the initial relaxation practice, it was suggested to Dan that he practice the exercises at home before going to bed, and also before coming to school in the morning. It was also suggested to him that "playing his beautiful scenery," just as he had done while practicing, would allow him to let his whole body relax. It was stressed to Dan that he did not have to relax -- "that it might not come right away, but it will come."

Dan reported that he felt "good" after his first relaxation exercise, agreed to practice at home, and also to practice on the following day with the psychologist. On the following day, Dan's second relaxation exercise was carried out exactly like the preceding one, with Dan being instructed to practice at home, and an appointment was made for two days later to practice with the psychologist.

During the third session, after relaxation was achieved, Dan was "walked through" his daily morning routine. He was instructed to raise his right index finger if he felt tense at any time during the imaging. When this occurred, the psychologist directed him to think of his "relaxing scenes," until he was no longer tense. Imaging was explained to Dan as

watching yourself do something on the T.V. in your head, doing it really well, feeling very relaxed while doing it, and finally watching yourself feel proud of yourself for having done it. He was encouraged to visualize himself with an award, and telling himself what a good job he had done after imaging the successful execution of the chain of behaviors required to get him to school. Dan was also encouraged to practice imaging at home as soon as he felt tense.

Four additional sessions consisting of deep relaxation and imaging were held with Dan during the ensuing week. These sessions tended to be theme sessions, in that they dealt with imaging particular behavioral repertoires that Dan had indicated to be anxiety arousing by raising his index finger. Specifically, these theme sessions dealt with riding the school bus and eating breakfast.

Treatment was terminated when Dan related that he could in actuality do the activities he had been imaging without feeling tense. He was encouraged to practice "relaxing" at home, and told that the psychologist would visit with him from "time to time" as the year progressed.

Results

After Dan's initial session, he ceased leaving class to go to the nurse's office. His mother reported that he was "tense" prior to coming to school, but that he was eating breakfast, not vomiting, and practicing relaxation exercises at night and in the morning.

After his second imaging exercise, Dan rode the school bus to school. He reported feeling tense, but also reported successfully using imaging to reduce the tension. At the completion of two weeks of counseling, Dan

was able to resume his normal daily routine.

As of a year later, school phobia had recurred once following a three day weekend. Dan was followed up at least once a month after his initial counseling. For several months, he reported occasionally doing relaxation exercises.

Discussion

It is felt that the effectiveness of deep relaxation and imaging was enhanced in this case by the supportiveness of Dan's home environment, as evidenced by the fact that his mother set aside time in the evenings and mornings for Dan to practice and by Dan's trusting personality.

In a less supportive environment, or with a defensive client, similar techniques would probably be less effective, with additional counseling time needed to establish rapport. In such instances, implosion or assertiveness training may be preferable.

In instances where the environment is conducive to relaxation practice and with clients who are not resistive, the combination of deep relaxation and imaging is seen as an effective technique for treating the phobic reaction.

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BED WETTING
TWO DIFFERENT INTERVENTION STRATEGIES

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The treatment of bed wetting is a problem about which school psychologists are occasionally consulted. Presented here are two brief case studies where success was achieved. In the first case, a behavioral modification technique was used; in the second, hypnosis with post-hypnotic suggestions was found effective.

Case 1

Scott is a bright, well-adjusted boy of seven with no academic or behavior problems. His parents were concerned with his nightly bed wetting and sought advice for dealing with this problem. They had attempted restricting his fluid intake before bedtime and awakening and taking him to the bathroom before they retired themselves. These strategies had not been effective.

The problem was discussed with Scott's parents. They were asked to keep a record of bed wetting incidents for one week. At the end of this baseline period, it was found that bed wetting had occurred every night. At this point, a modification program was agreed upon, though the parents were skeptical about the outcome. Scott had been wanting a rather expensive toy castle for several months, and it was agreed that he could earn this toy by remaining dry. A large chart was made and tacked to the wall of his room. The chart's abscissa was marked with weekdays and the ordinate was used to record accumulated points. It was agreed that Scott would be awarded one point, which he could mark on the chart using a large marker, for each night that he remained dry. He would lose three points on any night that he had an accident. Upon accumulating 30 points, he would be taken shopping where he could purchase his earned reward. A

large picture of the toy castle was placed next to the chart to remind him of his objective.

This program proved surprisingly successful. To his and his parents' delight, he had no accidents during the first eight nights. On the ninth night, he did wet the bed and was penalized the three points. His parents minimized this relapse and encouraged him a great deal. He had no subsequent accidents and remained dry for the remaining days and on the 34th day, he accompanied his parents to the store where he proudly bought and paid for his desired toy. Post-checks at two weeks, seven weeks, and five months found him to have remained dry with only one relapse while on an out-of-town trip.

Case 2

Mary is a 16 year old girl in the tenth grade. She was referred to the school psychologist because of her poor personal hygiene. She had a chronic body odor and, occasionally, wet herself while in school. It was also learned that nocturnal enuresis had been a problem of long-standing duration. Supportive therapy was initiated for dealing with adjustment difficulties and hypnosis was used for the specific purpose of eliminating the bed wetting problem. Mary proved an excellent subject for hypnosis and moderately deep hypnotic states were achieved. During weekly sessions post-hypnotic suggestions were made to the effect that she would not wet the bed and would be able to control her bladder while asleep. Post-hypnotic suggestions were also made that, if during her sleep she felt any bladder pressure, she would immediately awaken and go to the bathroom.

Parental consent for the use of hypnosis was obtained but the parent was not aware that bed wetting was the targeted behavior for treatment via post-hypnotic suggestion. Formal data was not requested or kept on incidents of bed wetting. Approximately six weeks after the initiation of therapy, a meeting was held with Mary's parent. During the course of the interview, she was casually asked about Mary's bed wetting. The parent responded that the problem had ceased approximately five to six weeks earlier. This was accepted as verification that post-hypnotic suggestions had been effective in treating this problem.

The above case studies represent diametrically opposite approaches to the treatment of nocturnal enuresis. Both proved effective. The behavioral approach will have more utility but the use of hypnosis by trained professionals and with parental consent should be considered in certain cases.

A Measure of Group
Counseling Effectiveness

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Abstract:

Group counseling is presented as a viable attempt to compensate for some of the failure experiences found in most competitive school grading systems. The procedures, content, and results of a fifth/sixth grade group are discussed: a pre- and post-test measure resulted in a "t" value significant at the .05 level.

December, 1979

Introduction

Public Law 94-142 has addressed the educational needs of those students falling in the lowest strata of the "below average" population with some adequacy; however, there remains a portion of students who do not qualify for special education privileges, yet still evidence a great need for some type of supplementary service. These individuals may be best characterized as having low-average abilities, failing or near-failing achievement trends, a history of social failure (i.e., lacking peer acceptance), and a consequent faltering self-concept. Their problem is frequently described as "attitudinal."

Not all students in the low-average population show these problems; many have the social competencies, physical stature, athletic prowess, etc., to compensate for scholastic deficiencies; some are fortunate enough to have had parents and/or teachers sensitive and competent enough to help the student accept these limitations and learn effective means of coping with them. There seems a constant portion of this population, however, who have been less auspicious and less capable of dealing with the failure and degradation associated with scholastic inaptitude. These students represent a yet unserved population of individuals whose cognitive limitations are both revealed and accentuated by traditional school strategies. Without intervention, these students begin believing in a perceived inferiority and often develop undesirable means of acquiring social recognition.

One may assert the claim that these individuals may be effectively served by involvement in an "emotional disabilities" classroom. However, this seems an improbable solution because, not only are these classrooms still largely non-existent in rural areas, but the behaviors of many such

students are neither deviant enough in their nature, nor consistent enough in their duration, to warrant an ED diagnosis. Additionally, because of the numbers and uniqueness of these needs, they may be more effectively and swiftly served by circumventing the formal methodology of the staffing team model and relying on the more subjective impressions of the principals, teachers and counselors.

In view of education's demonstrated reluctance to adopt a more affective orientation in their endeavors, it is suggested that a group counseling effort be incorporated into the curriculum and the needs of the aforementioned population be met through their inclusion in that group -- for whatever duration appears helpful.

Method

The regular classroom teachers, guidance counselor, and principals at Estherville Middle School were asked to select students who evidenced the greatest needs relative to the following proposed purposes of group counseling: 1) build and strengthen self-concepts; 2) enhance positive attitudes towards learning, and; 3) help students cope more effectively and independently with their personal/social problems. It was suggested that care be taken in choosing as homogeneous a group as possible (relative to needs, attitudes and behaviors), as the less diffuse the problems of the group were, the more effectively they could be addressed. Past group counseling attempts had been undermined by the inclusion of one or two extremely disruptive students.

Five males and four females were selected for participation. Although psychological evaluation had been undertaken for five of the subjects, there were no identified handicapping conditions.

Eight weekly sessions were jointly conducted by the school psychologist and social worker from mid-October to Christmas vacation. The meetings were held during "independent study" time so as to not interfere with regular class instruction. Written parental consent for group participation was obtained.

A considerable amount of time was spent in the first two sessions reviewing and emphasizing the importance of a set of "rules" given to each subject. The rules included things such as being open and honest, paying attention, showing consideration for others who were speaking, and respecting the confidentiality of subjects discussed. The consequences for breaking the rules were decided by the participants and ranged from a brief "time-out" to exclusion from the group.

The content of the sessions was a conglomeration of activities derived from Area 3 and DPI resources, current literature on group counseling for children, and many informal conversations with fellow psychologists and social workers experienced in the area. Some of the more successful activities, as indicated by the subjects' apparent interest and enthusiasm, were:

1. "I am Special Folders" -- manila folders were distributed to the subjects and they were instructed to bring back something they were proud of (e.g., pictures, art work, good papers, etc.) to share with the group.
2. "IALAC" -- stands for "I am Loveable and Capable," and is an exercise demonstrating the malleableness of self-worth. A filmstrip and lecture notes are available through the DPI (Drug Prevention Program).
3. "Self Awareness" -- the group facilitator draws four quadrants on blackboard and has the participants list teachers' behaviors that kids do and don't like, and kids' behaviors that teachers do and don't like.
4. "The Theory of the Dipper and the Bucket" -- was developed by Dr. Donald Clifton and colorfully exemplifies how each person's self-worth is subject to manipulation by others. There are tapes and buttons available to augment this presentation.

Apart from these types of isolated activities, the majority of group time was spent working on communications skills. Every subject was encouraged to share his/her feelings or experiences on any given topic, during which time the others were monitored and conditioned to show good overt listening behaviors. With success in these endeavors, the "listeners" were then asked to paraphrase or summarize the content of the message shared, and finally, in the later stages of the group, subjects were asked what meaning the message had relative to its impact on the person's feelings toward himself, parents, peers, and school. The objective was to develop good listening skills and foster a deeper understanding for affective concerns. The latter proceedings could be characterized as a mini-course in non-directive counseling with the goal being self-help.

Results

With the exception of one subject, attendance and participation were satisfactory. The classroom teachers were punctual in releasing the students for group and the subjects responded well to most activities. As expected, apprehension and discomfort in the first few sessions gave way to more spontaneous interaction later on.

The Self-Concept As A Learner Scale (SCAL) was administered during the first and last sessions to determine possible changes occurring as a result of group participation. This measure was chosen because of its delineation of differing aspects of self-concept relative to school. The five categories are: Motivation, Task Orientation, Problem Solving, Class Member and Total Score.

In assessing the subject's score discrepancies amongst the four SCAL subdimensions (excluding Total Score), positive change was indicated in 78 per cent of the cases. The probability of a student in this particular group showing a positive change on any of the four subdimensions was, therefore, nearly four out of five. Summarizing the general distribution of change amongst the different categories, the Class Member and Task Orientation categories showed negative growth with three of the subjects, Motivation was negative for two subjects, and Problem Solving for only one.

The "t" score was arrived at using the pre-post test raw scores from the Total Score of the SCAL. Using a "two-tailed" test of significance, a "t" value of 2.71 was deduced, significant at the .05 probability level. A summary of the pre- post-test cumulative results is as follows:

	<u>MOTIVATION</u>		<u>TASK</u>		<u>PROBLEM</u>		<u>CLASS</u>		<u>TOTAL</u>	
	Raw Score		Raw Score		Raw Score		Raw Score		Raw Score	
	Percentile		Percentile		Percentile		Percentile		Percentile	
Pre-Test										
Mean										
Scores	39.7	11th	44.3	53rd	35.4	6th	35	13th	154.4	9th
Post-Test										
Mean										
Scores	44.3	36th	47.1	69th	42.7	27th	37.1	22nd	171.3	32nd
N = 8; t = 2.71; p < .05										

There were no significant changes between grades obtained by the subjects in the first and second quarter.

Discussion

The results of the SCAL indicate a statistically significant positive change during that time period. Since there undoubtedly were many other independent variables impacting on the children during those weeks, it would be fallacious to claim these results to be solely a function of group involvement. However, assuming the counseling to be responsible to a large degree for the change, the following remarks are offered.

Though a substantial increase was noted on the Total Score of the SCAL, the Class Member category was seen as registering the slightest gain. As one may consider this category the most direct reflection of self-concept, in that it estimates the subject's perception of his/her acceptance amongst classmates, a question arises as to why this was the least affected area.

First of all, the intentions of group involvement were directed toward improving the subject's perception of their own worth and the realistic interpretation of other's feelings toward them. Success with these endeavors would hypothetically increase the likelihood of greater acceptance as a class member in the future (i.e., an evolving, as opposed to immediate, change).

Secondly, "popularity" is probably more contingent on a number of less manipulable factors, such as leadership qualities, social aptness, intelligence and physical stature. It is doubtful whether these subjects could ever attain a high degree of class acceptance due to the very limitations that resulted in their inclusion in such a group. The only realistic strategy was to focus on improving self-worth and generating a

greater capacity for understanding and interpreting the feelings and behaviors of others around them.

The limited effect on grades obtained by the participants was not unexpected. The counseling efforts were addressing socio-emotional concerns rather than academic ones. Though the two issues are inextricably woven, the academic aspect of functioning was seen as being of secondary importance relative to social concerns. Additionally, the second quarter was probably more than half over before group involvement began to have a significant impact. Academic performance was, therefore, not seen as being as valid a measure of change.

Probably the most beneficial aspect of the sessions was the mere congregation of these similarly afflicted children. Through seeing that they were not alone with their problems, and sharing the burdens they were carrying, they were better able to understand their feelings and behaviors and could more effectively relate to those around them. For most students, this was such a new type of experience that they were forced to re-think and integrate parts of it into their day-to-day interactions.

The need for these activities cannot be understated. The injustice done to these children by their mere inclusion in the public schools must be recognized and appropriately addressed. Pending the emergence of less competitive, more affective educational strategies, it appears as though group counseling offers the only viable alternative. Though these measures are surely not without limitations, their shortcomings would seem a pitifully weak basis upon which to deny such services to those many students who may be benefited. Administrators should recognize the potential of group counseling, select and train the appropriate personnel, and incorporate these strategies into the curriculum.

Contingent Group Withdrawal On Tantrum Behavior:

A Case Study

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Abstract:

This case study contrasts the effectiveness of seclusion time-out versus observational time-out using contingent group withdrawal on tantrum behavior.

Introduction

In developing strategies to promote social competence in children, behavioral techniques have been successfully used to increase skills. A temper tantrum, a violent display of anger characterized by complete loss of control, screaming and kicking, may elicit strong negative feelings such as helplessness and hostility in adults (Schaefer & Millman, 1977). Time-out, the contingent withdrawal of a reinforcing stimuli supporting a given behavior (Johnston, 1972), has been successfully used in reducing tantrums (Wahler, 1969). Three levels of time-out have been discussed by May, McAllister, Risley, Twardosz, & Cox (1974). In observational time-out, the child is placed in a chair near the activity and is allowed to observe the appropriate behavior of the group. In exclusion time-out, the child does not have the opportunity to observe the group while he is sitting on a chair away from the group. In seclusion time-out, the child is isolated in a safe room.

Method

Subject

The S, a six-year-old boy diagnosed as emotionally and mentally disabled, was functioning around the four year level. He was enrolled in a preschool self-contained classroom with the class ratio as one teacher to seven children. The other children, from five to six years old, were mildly to moderately mentally disabled.

The S was frequently observed to positively interact with the teacher and his classmates when he was not involved in a conflict situation.

Procedure

During the use of seclusion time-out, the classroom teacher would physically remove him from the group and placed him in a room adjacent to the main teaching area. The youngster would physically resist and/or become more aggressive enroute to the time-out area. Once there, he would calm down. Frequently, he then would physically resist coming back to the group whereupon he was permitted to stay in the time-out area. Due to the loss of instructional time, physical danger to the teacher and child, and apparent satisfaction in being left alone in the seclusion time-out situation, another strategy for tantrums needed to be implemented.

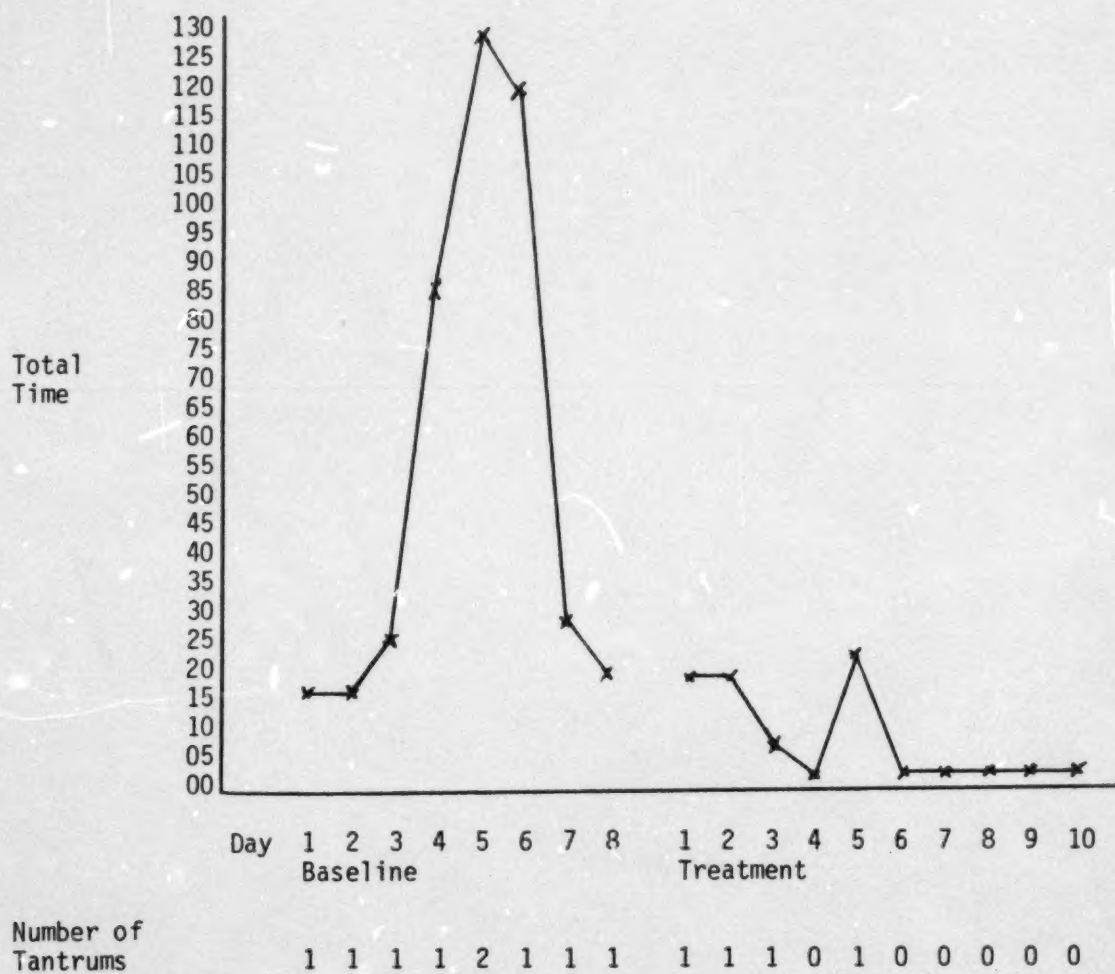
During the treatment stage, the child was warned about his behavior. If he persisted in the tantrum, the teacher and the peer group would quietly leave the immediate area and would proceed to another area in the classroom suitable for instruction. The S was left alone at the spot where he initiated the tantrum. The children and the teacher would ignore the tantrum. When the tantrum ceased, he was permitted to rejoin the group where positive reinforcement was used to maintain appropriate social behavior.

Results

According to Figure 1, the use of contingent group withdrawal in an observational time-out paradigm resulted in the extinction of tantrums within a six day period. The use of seclusion time-out over a period of eight days accounted for 427 minutes, an average of 53 minutes per day. In contrast, the treatment technique used only 55 minutes, an average of 11 minutes per day.

Appendix 1

Figure 1



Weekly follow-up by the school psychologist over a period of three months document the extinction of tantrums using the modified observational time-out strategy. The child gained control over his ability to handle frustration.

Discussion

Three factors contributed to the ineffectiveness of the seclusion time-out procedure. First, the struggle to remove the child from the classroom heightened his acting-out behavior. Second, he preferred the isolation to avoid instructional demands. Third, the seclusion time-out was not administered consistently or monitored properly. For example, he was in time-out for one hour and fifty-five minutes consecutively out of a four hour school day.

The variation of the contingent group withdrawal also permitted the youngster to observe the appropriate peer models. It eliminated the opportunity for this student to model aggressive behavior for his classmates, as they were instructed to ignore him. This study illustrates the need to chart behavioral techniques. The less restrictive alternatives of managing behavior need to be considered before resorting to techniques that infringe upon the student's access to instructional opportunities (Martin, 1977).

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The Case of Wiggley Wendy

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Western Hills Area Education Agency 12

Description of the Problem

Wendy is a pretty, slender, blue-eyed, energetic fifth grader. The teacher referred her early in the fall because Wendy was having trouble completing her work in class. The teacher felt she needed to know Wendy's potential. Results suggested that Wendy had an IQ in the bright normal range and was achieving at or above grade level in all subjects. Her productivity in the class, however, was dismal.

Wendy did better in completing her work after the conference with the mother, but after Christmas her old problems of procrastination returned. Consultation at this time revealed that the real complaint and reason for Wendy's difficulties with task completion was that Wendy apparently engaged in a great deal of physical activity whenever she had to be in her seat for even a short time. The activity consisted of wrapping her foot on the support behind the chair seat, scrunching over to the edge of the chair, and wiggling activity on the seat edge for minutes at a time. No work was done while she was engrossed in this activity. It occurred a great deal in the morning, since that was when academic subjects were covered, but also occurred right after lunch while the teacher was reading to the class. An intercepted note revealed that Wendy was referred to by her classmates as "the leg!" Intervention appeared to be appropriate and necessary, therefore, because Wendy's wiggling was interfering with both her academic performance and peer acceptance.

Background

Consultation with Wendy's mother revealed that Wendy had had an operation to enlarge the urethra several years ago, but that the activity stopped for about a week and then started up again. The doctor told the

mother at that time that the activity had nothing to do with the slight irritation that went along with the infection. This consultation also revealed that the wiggling had gone on since third grade, but that Wendy's mother had been afraid to talk to the psychologist about it. Wendy's fourth grade teacher reported that Wendy's wiggling almost drove her to distraction.

Wendy is naturally active, and has good rapport with adults. She has one good friend in her class with whom she has a normally erratic relationship, great friends one minute and extremely miffed the next. She apparently has a good self-image, and it is hypothesized by this psychologist that this may explain in part her willingness to continue her distracting activity even in the face of peer and adult pressure to quit.

Baseline

Establishing a baseline was somewhat difficult, since Wendy was careful to cease her activity when there was an outside observer in the room. During a brainstorming session, the social worker, who was involved in the initial referral, suggested leaving a video tape recorder in the room for a week, with intermittent operation. This was vetoed because of possible ethical, legal, and logistical considerations. A simple baseline was then suggested which involved the teacher's writing down the time of activity and making a check. This was done for one week, and the numbers were startling. The psychologist later succeeded in making two one-half hour observations that verified the teacher's baseline (See Table 1 for a baseline for one day).

Initial Treatment: Failure!

Wendy's general activity level could be characterized as being at the upper end of the normal scale. The seat wiggling could be a signal that Wendy needed a physical release, so it was decided between the teacher, social worker, psychologist, and Wendy that when Wendy started to engage in the wiggling activity, the teacher would nod and Wendy would take a walk around the hall and back. It was hypothesized that this would give Wendy an opportunity for physical release and also would help break the habit pattern. Theoretically, the treatment should have helped, but Wendy was reluctant to follow through on her agreement, and it became a power struggle between Wendy and the teacher. Wendy only took two actual "walks." The teacher felt it had become too disruptive to the class to continue with the method.

Re-evaluation

Re-examination of the process suggested that Wendy was getting much more reinforcement from her wiggling than was supplied by the walks around the hall. The habit was apparently too ingrained for mere awareness to break the pattern. The walks were also becoming somewhat of a punishment contingency, which might have explained Wendy's reluctance to continue them. Wendy's mother asked that the method be changed.

The case was re-evaluated according to antecedents, behavior, and consequences of the presenting problem. The antecedent was seat work, the behavior was high-rate wiggling, and the consequences were apparently the physical sensation itself and also the predictability and sense of mastery derived from "living in a world of her own" where outside demands did not interfere (Baker, Brightman, Heifety, and Murphy, 1977).

Wendy apparently found it difficult to do any work when she was wiggling. Her posture, scrunched in the seat with one leg wrapped around the back bar of the chair, was also identifiable as a necessary component of her activity. It was decided to reinforce the incompatible behaviors of working on whatever was assigned and of correct posture, defined as both feet under the front of the desk and both hands on the desk holding a book or writing.

Wendy is a sociable girl, and is quite fond of her teacher, so it was felt that teacher approval should be a strong reinforcer for her. The teacher was instructed to watch Wendy when it came time for seatwork, and to place on her desk a token marked "GOOD!" as soon as Wendy started to work, with correct posture. The "GOOD!" tokens were to be administered frequently and randomly. If Wendy started her jigging, the teacher was to administer a token "NONE!" The teacher was to stay by Wendy's desk until the wiggling stopped and correct posture was restored, and immediately put a "GOOD!" token on the desk to reward the incompatible behavior. The teacher also agreed to continue to keep a record of wiggles and reinforcers administered, plus times. If Wendy achieved five "GOOD!" tokens, she could stay after school and help the teacher, an activity she enjoyed. If not, the teacher was to ignore her and send her home, not allowing her to talk or clean blackboards.

Failure Again: More Recycling

The teacher met the psychologist at the classroom door in obvious state of agitation. "I've never had a failure in discipline in my 23 years of teaching, but this may be it," she said with a discouraged manner. The data showed that Wendy had not cut down on her wiggling activity,

except for the morning after the psychologist had talked to Wendy. At that conference, which lasted about half an hour, it was suggested to Wendy by the psychologist that Wendy seemed to be having a great deal of difficulty with stopping her activity. The psychologist asked Wendy if she felt that she wanted to stop, and whether she felt that it was worthwhile to stop or would prefer to just keep on engaging in the distracting activity, even though the teacher and classmates obviously noticed and disapproved. Wendy assured the psychologist that she was wanting to stop, and had not realized how much the activity had been affecting her school work and her peers. That Wednesday morning, Wendy was able to control herself, but went back to her old habits for the rest of the week. Not only was the teacher discouraged, the psychologist was somewhat taken aback at the fact that the program apparently had almost no success. Logically, however, as the teacher and psychologist look back at the data and the attempted goal, it was perceived that the self-stimulating behavior was much more rewarding to Wendy than any of the types of stimulus being offered by the teacher or the psychologist. Wendy did not apparently feel like the teacher's approval or the psychologist's approval was strong enough to offset the reinforcing events that Wendy herself had set up.

Direction Change

The teacher and the psychologist decided to essentially keep the reinforcement of the "GOOD!" tokens for on-task activity. It was felt that this was important to emphasize positive behavior. A new dimension was added, however. The psychologist felt that relaxation would be an incompatible activity with the extreme agitation of the jiggling, so Wendy was given relaxation training, and instructed to employ visual imagery when-

ever she felt the urge to indulge in her wiggling. The other change was a change in her placement in the room. At the back of the room on one side is a large round section which is a part of the turret. In this area is a round table with chairs. It was decided that Wendy would use this area for all her seat work for a period of three days, to see if the change in environment would help her in breaking the habit pattern chain. The different type of seat, somewhat higher and with four legs instead of the seat and desk all in one, and the different environment, with a large round table and windows, might not trigger the same reaction as her chair seat. If Wendy had a minimum of the undesirable activity in this setting, she was free to move back to her desk at the end of three days for a trial period.

Improvement!

The new setting, the relaxation exercises, and the teacher's reinforcement of on-task behavior resulted in only four incidents the first day and one the second. The improvement was short-lived, however, to the discomfiture of the teacher and the psychologist. Wendy's baseline for the rest of the week was back to the same behavior. There was no improvement.

Back to Square One!

During this week, Wendy's teacher talked to a person who worked with the mentally retarded at Glennville, who reported that this type of behavior was never allowed with them. The teacher decided to go back to somewhat the same intervention as the beginning, but make it more direct.

She took Wendy aside in the morning before class and told Wendy that every time she started the activity, she was to go to the bathroom. The teacher would tell her when to go. Wendy was extremely reluctant to do this, as she was when the first intervention of walking around the halls was initiated. This time the teacher was adamant, however, and told Wendy quietly but firmly, "Wendy, go to the bathroom." This request was made in a quiet tone while the teacher was standing by her desk. Wendy made no motion to comply, so the teacher stood back and repeated in a somewhat louder voice, "Wendy, go to the bathroom." Wendy went. This process was repeated three times the first day, two in the morning and one in the afternoon. The second day the request needed to be given only twice. Wendy complied. The third day of this new treatment, there were no incidents!

Recap

It is hypothesized by the psychologist and the teacher that the reason this treatment worked the second time around, when it met with so much resistance the first time, was a combination of the great deal of attention given to the activity, the recognition by Wendy that the activity was not desirable and that her peers were finding it not acceptable to them, and her realization, finally, that the activity needed to be changed. Wendy probably also sensed the determination of the teacher, who had been very cooperative and concerned. The time for direct, simple intervention was apparently right.

Both the teacher and the psychologist were fully cognizant of the fact that the activity in which Wendy was engaging was masturbation. The mother, however, was very resistant to this idea and did not give her

permission for the psychologist to explain a little more about the forces involved to Wendy. She did, however, agree to talk to Wendy about menstruation and anatomy, and a booklet was supplied to her for her help. Supplying a name to the activity did not particularly enhance the treatment, anyway, as long as Wendy realized that it was not an appropriate activity to be doing in the classroom. This was explained to Wendy and reinforced every session when the two met, with the approach being that the activity itself was completely natural and there was nothing wrong with it, but that the activity was inappropriate in school or when with others.

Wendy's progress is going to be closely monitored by the teacher and the psychologist. Any tendency to stray back into the old habits will be closely noted, and a repeat of the "bathroom command" treatment will be instigated. Wendy should be able to have her wiggling under complete control by the end of fifth grade, and should find her peer and teacher acceptance in sixth grade enhanced because of it.

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Behavioral Programming in the Schools:

A Longitudinal Self-Study

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Abstract:

Data on both formal* and informal behavioral programs started, as well as group interventions, were recorded over a period of five years by an individual school psychologist. Topographical drift in the direction of more formal programming, and more individual and group program starts, was demonstrated. A relatively constant rate of informal program starts resulted from the attempt to provide services for children when data were not available.

*Includes data collection by school personnel

Introduction

Difficulties in programming behavior change in the natural environment have been attributed to individual and institutional resistances (Tharp & Wetzel, 1969). As a first approximation for inexperienced practitioners, the formulation of behavioral interventions which do not involve formal data collection seems appropriate (Heider, 1974). The difficulty of training teachers to use recording techniques, and the scarcity of trained aides to conduct classroom observations, may necessitate the informal prescription of behavioral techniques (time out, DRI) in cases where the school psychologist is not available to record on a daily basis (Heider, 1977). When data collection is feasible, the psychologist's role is one of providing pinpointing services and reliability checks for the teacher.

Since programs may fail due to lack of cooperation, institutional resistances and inability to maintain consistency, it is felt that a better indicator of improvement in skill level for beginning practitioners than program success would be the number of program starts, rather than the number of successful programs. This index would tend to keep the inexperienced practitioner from becoming overwhelmed or discouraged. Presumably, just as in sales or fishing, the more "pitches" made or lines in the water, the greater the probability of selling or catching fish. Since the behavior of behaviorists is impacted upon by the data they generate, it seems reasonable that improvements over time would be facilitated by a review of professional data by individual psychologists.

Method

Names of individual students who had received behavioral programming were kept by the author over a five year period. Notations were made as to whether or not the programs involved formal data collection. Group intervention starts were also recorded on a yearly basis. Data for the first two years is based on retroactive recording by the author.

Results

Starts per year and starts per month are presented in Table 1 for individual behavior programs. Starts per month were computed by dividing yearly starts by nine, to correspond with the school year.

Table 1

<u>Year</u>	<u>Starts</u>	<u>Starts Per Month</u>
1	13	1.44
2	16	1.77
3	22	2.44
4	27	3.00
5	33	3.66

(Program starts per year and month.)

Individual program starts doubled by the fourth year. There was a steady increase in program starts over the five years (See Table 1).

Formal, informal and group program starts per year are presented in Table 2. While formal program starts increased by a factor of 10 over the five years, informal program starts remained relatively constant over the five year period, peaking in the third year of employment (See Table 2). During years four and five, the author was employed in rural schools where there were less behavior problems.

Table 2

<u>Year</u>	<u>Formal</u>	<u>Informal</u>	<u>Group</u>	<u>Total</u>
1	2	11	2	15
2	5	11	3	19
3	5	17	4	26
4	11	16	6	33
5	<u>20</u>	<u>13</u>	<u>11</u>	<u>44</u>
	43	68	26	137

(Formal, informal and group starts per year.)

Table 3 provides data on the rate of formal, informal and group starts per month, which was also determined by dividing annual totals by nine. Group starts increased by a factor of five (See Table 3), and total program starts more than doubled over the same period.

Table 3

<u>Year</u>	<u>Formal</u>	<u>Informal</u>	<u>Group</u>	<u>Total</u>
1	.22	1.22	.22	1.66
2	.56	1.22	.33	2.11
3	.56	1.89	.44	2.88
4	1.12	1.77	.67	3.66
5	2.22	1.44	1.22	4.88

(Monthly program starts of formal, informal, group and total programs.)

Discussion

The preceding analysis of the behavior of an individual school psychologist suggests the utility of data collection in shaping toward quantity in behavioral programming. The question of quality, or the cost-effectiveness of such an analysis compared with an approach which emphasizes successful programming is worth considering. This remains for the more courageous behavioral neophyte. The provision of reliability checks on the data would add to their credibility.

One useful way to promote data collection in the school environment is presented in Bergen (1978). Another way is to enlist the cooperation of the students themselves: the author has had particularly gratifying results from fourth grade and older boys in taking their own data. This is also a way to reinforce the math instruction received in upper elementary grades.

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